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MANUAL

STATE OF MONTANA

MANUAL

for

Local Registrars

Honorable Thomas L. Judge
Governor of Montana

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INTRODUCTION

This is the third revision of the Manual for Local Registrars and replaces the July, 1970 edition. A new version is needed because of changes in vital registration practices and because the rules of the Department of Health and Environmental Sciences relating to vital registration have been extensively revised and renumbered.

This manual is prepared under authority of Section 69-4403, 1947 R.C.M. which provides that the State Department of Health and Environmental Sciences shall "give instructions and prescribe forms for gathering, recording, preserving, and using vital statistics".

It will be appreciated if errors or omissions are brought to our attention in order that they may be corrected or added in subsequent revisions.

John C. Wilson, Chief
Bureau of Records and Statistics
Department of Health and Environmental Sciences

NOTE TO LOCAL REGISTRARS

Within these pages you will find information on every part of your job. We realize that many of you already have a wealth of knowledge in this field through your many years of faithful service as a local registration official. We hope, however, that this will serve as a useful reference, and that it will be especially helpful to new Local Registrars and to Local Registrars whose volume of vital registration is not large enough to permit becoming an expert on the subject.

We suggest you read this Manual through and keep it handy for reference when a problem arises. We believe that this booklet contains answers to most of the questions regarding problems which you will ordinarily encounter. Of course, no booklet can provide answers to all questions which can crop up; so when you run into trouble, and you do not find the solution here, please feel free to write or phone us. You may call this toll free number: 1-800-332-2288. The Venereal Disease Center will answer and relay your message to us. We will then return your call.

Bureau of Records and Statistics
Department of Health and
Environmental Sciences
Helena, Montana 59601
449-2614

CHAPTER I

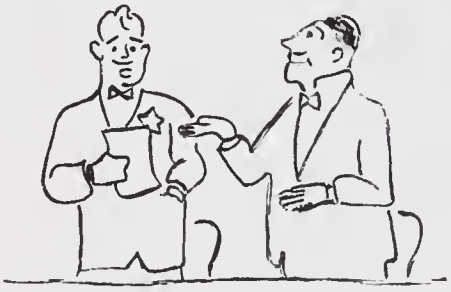
GENERAL INSTRUCTIONS

There are six steps to be taken by the Local Registrar upon assuming office. These six steps are: (1) obtain possession of the local records, (2) appoint a deputy, (3) know the law pertaining to the office, (4) arrange for the safe-keeping of all records and papers, (5) have a good supply of forms and blanks on hand, and (6) become acquainted with the registration district.

OBTAIN POSSESSION OF LOCAL RECORDS

Upon assuming the office as Local Registrar the first duty is to get all copies of birth, death, and fetal death certificates from the former Local Registrar. Also, get from the former registrar all record forms and correspondence pertaining to the office. These are to be kept in the possession of the Local Registrar as long as he is in office.

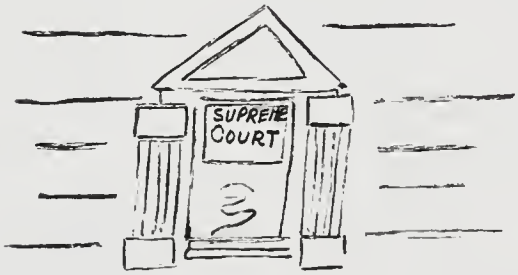
APPOINT A DEPUTY



A deputy must be appointed by the Local Registrar immediately. This has to be done so that there will be someone to act in place of the Local Registrar should he become ill, disabled, or absent from duty. If necessary, more than one deputy may be appointed. The names of the deputy or deputies should be submitted to the Bureau of Records and Statistics immediately upon appointment.

As soon as advised of the absence, illness, or disability of the local registrar, the deputy local registrar shall immediately assume all duties and responsibilities of the local registrar. In case of any extended absence, the Bureau of Records and Statistics shall be notified in writing by the local registrar or deputy local registrar that the deputy has assumed such responsibilities.

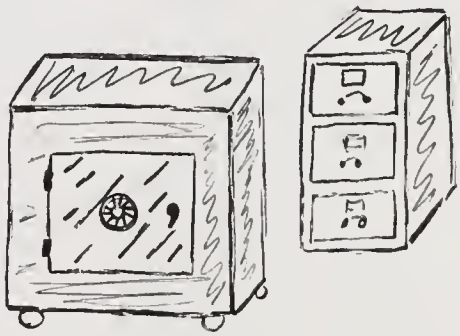
KNOW THE LAW



The laws of the State of Montana with which Local Registrars will most often be concerned are shown in Appendix 3 of this manual. State law provides that the Department of Health and Environmental Sciences may adopt rules to assist in carrying out the law. The rules which have been adopted by the Department are also included in Appendix 3.

From time to time, instructions are sent from the Chief of the Bureau of Records and Statistics. After reading these carefully, they should be filed for reference.

KEEP ALL RECORDS IN A SAFE PLACE



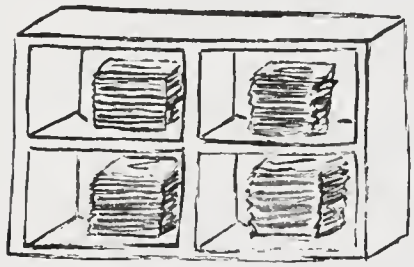
Keep all instructions, copies of letters, and other papers relating to your work as Local Registrar in a safe place. Remember these are official and confidential records. They are very important.

Extra supplies, books, and other materials pertaining to the office should be kept where they are easily accessible when the registrar is working

in this capacity and where they will not be damaged.

Some Local Registrars, particularly those operating from a private residence, encounter problems in the storage of the triplicate copy of certificates and burial-transit permits. Should the retention of these records create a storage problem, contact the Bureau of Records and Statistics for permission to destroy those records that are more than two years old (see Rule 16-2.6(6)-S660).

KEEP WELL SUPPLIED WITH FORMS AND BLANKS



Upon assuming the office, check the supply of forms and blanks. They are described in Appendix 1.

Check the records and supplies that are needed by the physicians, hospitals, and morticians in your district. Not more than one year's supply of any record should be ordered at one time in the smaller counties, and in larger counties a six month's supply is generally sufficient. Supplies should be ordered from the Bureau of Records and Statistics, Montana Department of Health and Environmental Sciences, Helena, Montana 59601.

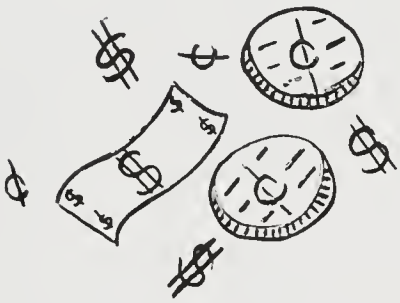
KNOW YOUR DISTRICT

The Local Registrar must be sure that he knows the boundaries of his district so that he will not make the mistake of accepting a certificate that belongs to another district. A description of the Vital Registration Districts and the names and addresses of

Montana Local Registrars are shown in Appendixes 4 and 5. The Local Registrar should keep a list of physicians and morticians with whom he will be working. He should notify the physicians, morticians, hospitals and coroner of his recent appointment.

REGISTRATION FEES

The Local Registrar of vital statistics receives a fee of fifty cents (50¢) for each birth, death, and fetal death certificate properly and completely made out and registered by him. The fifty cent fee is also paid for filing a "no report" if no certificates have been received during a given month.



The Bureau of Records and Statistics makes an annual certification of fees to the County Treasurer. The Local Registrar is then paid by the County Treasurer. Some County Treasurers require that the Local Registrar submit a bill for the amount shown in the certification. Annual checks should be received by Local Registrars soon after February 1 each year; if they are not, inquiry should be made of the County Treasurer.

COPIES OF OFFICIAL RECORDS AND CERTIFIED COPIES

The Local Registrar should send a duplicate copy of each birth, death, and fetal death certificate filed with him to the County Clerk and Recorder each month.

Section 69-4411 provides that Local Registrars shall not issue certified copies of certificates. Certified copies of births and deaths may be obtained from the County Clerk and Recorders or from the Bureau of Records and Statistics.

MONTHLY REPORT

Remember the 5th! On the 5th day of each month all original certificates of birth, death, and fetal death, which were filed during the previous month, must be mailed to the Bureau of Records and Statistics, Department of Health and Environmental Sciences, Helena, Montana 59601. The cut-off date for receipt of reports in the state office is the 10th day of each month.

Each Local Registrar's office is supplied with pre-addressed manila envelopes for mailing monthly reports. The postage is paid when the envelopes are received in Helena. These envelopes should be used only for mailing certificates to the Bureau of Records and Statistics.

The "Statement of Returns" (Form V.S. 1) is shown in Appendix 1 of this manual.

If no birth, death, or fetal death certificates have been filed with the local registrar during the month, the report form should be mailed on the 5th. The words "no report" should be written across the form.

CHAPTER II

REVIEW AND EDITING OF CERTIFICATES

GENERAL INSTRUCTIONS

All certificates should be legibly completed in durable black ink, preferably typewritten. This is necessary because certified copies are prepared in the Bureau of Records and Statistics utilizing a photocopy process. It is not possible to produce a satisfactory copy from a certificate which has been prepared with dim writing, certain colored inks, or a typewriter utilizing a worn ribbon. Also, the permanent working files of the Bureau are maintained on microfilm. Here again, a certificate which is not completely legible will not be satisfactorily reproduced on microfilm.

All signatures on vital records should be the personal, handwritten signature of the person signing the record. If the local registrar is not available to sign the certificate, the deputy should sign his own name as deputy.

CERTIFICATE OF LIVE BIRTH (V.S. 6)

__Check child's surname against father's surname for errors in spelling. If the given name is missing, only the surname should appear. "Baby Boy" or "Baby Girl" should not be entered.

__Note sex of child and child's given name. If the entries seem inconsistent, check with the person who prepared the record to see whether or not the entries are, in fact, correct.

__If a multiple birth, check to see if certificates for each sibling are on file or are being filed.

__Date and hour of birth must be complete and without obvious errors. Particular attention should be paid during the first few months of a new

year to use the correct year of event.

__All items in place of birth (Items 5a, b,c,d) must be completely and accurately stated. Full street or rural address should be entered in Item 5b. If the birth occurred in a special type of institution, such as a mental hospital, penal institution, or home for unwed mothers, the street address should be entered in Item 5b, and the name of the institution may be omitted in Item 5a. Item 5c should be answered "Yes" or "No".

__The maiden name of the mother should be stated completely. The married name should not be used.

__The signature of the mother (Item 9a) is desired. If the mother cannot or will not sign, the relationship of the informant to the infant should be given.

__The signature of the attendant (Item 10a) must be handwritten.

__The signature of the Local Registrar or his deputy (Item 11a) is required.

__Information called for in the section "Confidential Information For Medical and Health Use Only" should be provided.

CERTIFICATE OF DEATH (V.S. 3)

__There should be an entry for every item or a satisfactory explanation for its omission. If information is unknown, it should be so stated.

__The date of death (Item 3) must be complete and without obvious error. If unknown, the approximate date as determined by the coroner should be entered with the word "estimated". If the coroner is unable to determine the approximate date of death, the date of finding may be entered with word "found".

__Usual residence (Items 14a, b, c,d,e) must be completely and accurately stated. The information wanted here is "where did the decedent live". Full street address should be entered in Item 14e. If the place of death was a mental or penal institution, enter residence before admission.

__The name and mailing address of the informant should be entered in Item 17a and 17b.

__The signature of the physician or coroner (Item 23b) must be handwritten. The appropriate certification statement (Items 21 or 22) must be completed.

__The handwritten signature of the mortician or funeral director should be entered in Item 26b.

__The signature of the Local Registrar or his deputy (Item 27b) indicates that the certificate has been accepted for filing.

__Item 27b should contain the date on which the certificate is accepted by the Local Registrar.

__If an injury is indicated on any line of Item 18, all injury information (Items 20a, b,c,d,e,f, and g) should be completed.

__A death certificate received by a Local Registrar which does not contain a cause of death entry by reason of pending inquest, investigation, or autopsy should not be withheld from the normal shipment deadline to the state office. In cases where the cause of death is not available by the time the monthly report is due to be sent to the state office, a notation stating "cause of death not available pending autopsy" or similar information should be attached to the certificate. The state office will then query the attending physician or coroner regarding the cause of death.

CERTIFICATE OF FETAL DEATH

__A certificate of fetal death is required to be filed after twenty (20) weeks of gestation.

__Items 1 - 8 should be edited and queried in the same manner as for similar items on the birth certificate.

__Items 14 - 16 should be edited according to the procedure established for similar items on the death certificate.

__The items pretaining to the cause of fetal death (Items 9 - 11) should be completed and reviewed for obvious errors.

__Items 17 - 31 should be completed in the same manner as similar items on the birth certificate.

CHAPTER III

BIRTH REGISTRATION

FILING BIRTH CERTIFICATES

A certificate for each birth that occurs in your registration district must be filed by the attending physician, midwife, or other person in attendance. This must be done within ten days after the date of birth.

Certificates of Live Birth are filled out in triplicate. The original is prepared for the Bureau of Records and Statistics; the duplicate, for the Clerk and Recorder; and the triplicate is to be retained by you as Local Registrar.

A sample of the Live Birth Certificate form to be used starting January 1, 1976, is shown in Appendix 1.

SIGNATURES REQUIRED ON A CERTIFICATE OF BIRTH

Normally a birth certificate should contain the signatures of both the attendant and the mother as called for in Chapter II; however, if the mother is unable or unwilling to sign the certificate, it may be accepted with only the attendant's signature.

RECORD ONLY BIRTHS THAT OCCUR IN YOUR DISTRICT

The Local Registrar is responsible for the completeness of birth registration in his own district. When he receives a certificate for a birth that occurred in another district, the certificate should be sent immediately to the appropriate Local Registrar.

If the given name is missing, only the surname should appear. "Baby boy" or "baby girl" should not be entered.

Certificates that are incompletely or inaccurately filled out should be returned immediately to the physician or midwife asking that he make a new, complete, and accurate certificate. Do not accept a birth certificate written in pencil.

A certificate of birth marked "copy", or "duplicate" or "carbon copy", or one that contains alterations, inaccuracies, erasures, strikeovers, or one that is incomplete should be withheld from registration until a satisfactory certificate is filed by the person responsible.

The Bureau of Records and Statistics issues a copy of all live birth certificates which are filed in the state office. These copies, called "notifications", show all the information that is given on the birth certificate, except that portion entitled "Confidential Information for Medical and Health Use Only". The notifications are mailed to all parents except in cases where the child was born out-of-wedlock.

BIRTHS IN MOVING CONVEYANCES

When a birth occurs in a moving conveyance, a birth certificate shall be filed in the district in which the child was first removed from the conveyance.

UNREPORTED BIRTHS

If the Local Registrar learns that a birth in his district is not recorded, it is his duty to get a certificate for the event from the person who failed to make the report. If this person disobeys the law again or refuses to file a certificate, refer the violation of law to the County Attorney and to the Bureau of Records and Statistics.

OUT-OF-WEDLOCK BIRTHS

If a child is born out-of-wedlock, the name of the father shall not be entered on the certificate of birth unless the written consent of both mother and father accompanies the certificate. Such consent must be in the form of an affidavit properly executed. A suggested affidavit format is shown in Appendix 1.

It is felt that even though information on a birth certificate regarding the alleged father of a child born out-of-wedlock is not prima facie evidence in court, the information may be detrimental by implication.

REGISTRATION OF FOUNDLINGS

Whoever assumes the responsibility of a child of unknown parentage shall immediately report to the Local Registrar: (1) the date and place of finding or assumption of custody, (2) sex, color or race, and approximate age of child, (3) name and address of the person or institution with whom the child has been placed for care, (4) name given to the child by finder or custodian.

The place where the child was found, or custody assumed, shall be known as the place of birth, and the date of birth shall be determined by approximation.

This information should be entered on a Certificate of Live Birth form. If the child is later identified and a regular certificate is found or prepared, the original certificate will be sealed and will be opened only by court order.

It is suggested that the Bureau of Records and Statistics be notified whenever a foundling is reported.

ADOPTED CHILDREN

The Clerk of the District Court having jurisdiction sends to the Bureau of Records and Statistics a certificate of adoption for each adoption decree. A new birth certificate pursuant to adoption, which shows the foster father and mother as the parents of the child, is prepared. The Local Registrar's copy and the Clerk and Recorder's copy of the new birth certificate are sent out for filing. The duplicate and triplicate copies of the original birth certificate are returned to the Bureau of Records and Statistics. These copies, together with the Certificate of Adoption and any other documents filed in connection with the case, are sealed in a file and may be opened only upon demand of the adopted person when of legal age or by order of a court of competent jurisdiction.

LEGITIMIZED CHILDREN

When the birth of a child born out-of-wedlock has been legitimized by marriage of its natural parents, a new birth certificate can be filed with the Bureau of Records and Statistics. This certificate will be the same as if the parents had been married before the child was born. The evidence required to establish a new birth record is an affidavit of paternity for legitimation completed and signed by the father in which he acknowledges himself to be the natural father of the child. Also needed is an affidavit signed by the mother confirming the information in the father's affidavit and a certified copy of the parent's marriage record. A new birth certificate in the name of the father is then established in the files in the state office.

The suggested formats for the affidavits to be completed by the mother and father are shown in Appendix 1.

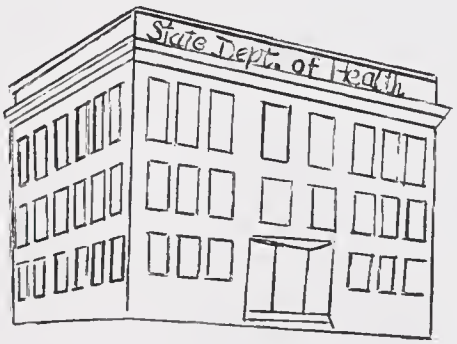
The procedure for replacing the duplicate and triplicate copies of the original birth certificate in the offices of the Local Registrar and the Clerk and Recorder is the same as for adoption.

CORRECTION OF BIRTH CERTIFICATE

Persons wishing to correct birth certificates that have been filed in the Bureau of Records and Statistics should be referred to this office.

As a matter of general information, corrections of birth certificates are handled as follows: (1) If the person is less than one year of age, the certificate may be corrected utilizing the Parent's Informational Copy. (2) If the person is one year or more of age, an affidavit of correction is required. In cases of change of given name, year of birth, parents' names, or other identifying entries, documentary evidence may be required. Change of surname will be made only on the basis of a certified copy of a court order directing the Bureau to make such a change.

The correction will be made on the face of the record in red ink, and the affidavit or other documents will be filed to be made available upon request to demonstrate the basis for correction.



When a correction has been made on an original record on file in the state office, the Local Registrar and the Clerk and Recorder will receive a notice of correction. Since the Local Registrar's record and the Clerk and Recorder's record are copies of the original certificate on file in the

state office, they should never be changed except on the basis of a notification from the state office that the original record has been corrected.

A sample of the Affidavit for Correction form will be found in Appendix 1.

DELAYED BIRTH REGISTRATION

Birth certificates filed more than six months but less than twelve years after the date of birth should bear the affidavit of the attendant at birth. (If it is not possible to obtain the affidavit of the attendant, one of the parents may sign the affidavit). This affidavit must be made on the back of the live birth certificate. It it is not possible to secure an affidavit, one document supporting the date of birth must accompany the certificate. A suggested affidavit format is shown below.

STATE OF_____)
) ss
COUNTY OF_____)

I,_____, CERTIFY THAT I ATTENDED

AT THE BIRTH OF_____, BORN_____,

AT_____, _____.

FATHER_____

MOTHER'S MAIDEN NAME_____

SIGNED_____
ATTENDANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS____DAY OF_____, 19__.

_____
NOTARY PUBLIC

SEAL

All requests for filing birth certificates for persons who have passed their twelfth birthday should be referred directly to the Bureau of Records and Statistics.

A sample of the Delayed Certificate of Birth form may be found in Appendix 1.

CHAPTER IV

DEATH REGISTRATION

FILING OF DEATH CERTIFICATES

The person in charge of interment must file a certificate of death with the Local Registrar in the district in which the death occurred. Three copies of the death certificate are necessary. The original is for the Bureau of Records and Statistics; the duplicate, for the Clerk and Recorder; and the triplicate, for the Local Registrar. The person in charge of interment is legally required to furnish only the original for the Bureau of Records and Statistics. It is the duty of the Local Registrar to prepare the copies for the Clerk and Recorder and the memorandum copy for his own file. In some areas, however, morticians cooperate with the Local Registrar by preparing the duplicate and triplicate copies when the original is typed.

A sample of the death certificate will be found in Appendix 1.

The person in charge of the body must also obtain a burial-transit permit from the Local Registrar before the remains of a dead human body are buried, deposited in a vault or tomb, cremated or disposed of in any manner.

A copy of the Burial-Transit Permit is shown in Appendix 1.

REGISTRATION OF DEATHS

The Local Registrar is responsible for the completeness of death registration in his district. He should be familiar with the morticians who conduct business in his area. He should also be aware of problems of morticians in getting signatures on medical certifications and should encourage physicians and coroners to sign death

certificates promptly. The legal responsibility for filing a death certificate is that of the mortician.

DEATHS IN MOVING CONVEYANCES

When death occurs in a moving conveyance, a death certificate shall be filed in the district in which the dead body was first removed from the conveyance.

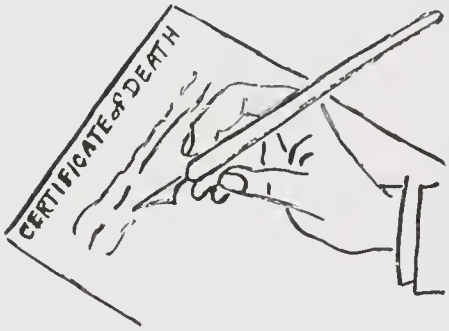
SIGNATURES REQUIRED ON A CERTIFICATE OF DEATH

A death certificate must contain the signatures of the mortician or funeral director and the attending physician. If there was no funeral director or mortician, the person acting as such must sign.

The name of the informant who provides information regarding the personal particulars concerning the deceased should be shown in Item 17a. and his mailing address in Item 17b. When information regarding personal particulars of the deceased is obtained from hospital or institutional records, the name of the institution should be shown.

The Local Registrar should not accept a death certificate for filing or issue a burial-transit permit unless the certificate is completely filled out and contains the required signatures in ink.

BURIAL-TRANSIT PERMIT



When a person in charge of interment files a satisfactory certificate of death, the Local Registrar makes out and gives him a burial-transit permit. The permit authorizes legal disposal of the remains.

When the sexton or other person in charge of the burial place receives the permit, he should sign it and return it to the Local Registrar. If there is no sexton, the mortician signs it and returns it to the Local Registrar.

DISINTERMENT PERMITS (Permits to take out of the grave or tomb)

The authority for issuing disinterment permits is vested in the Local Registrar. The Local Registrar may obtain permit forms from the Bureau of Records and Statistics. Disinterment permits can be issued only to licensed morticians. For each permit issued the Local Registrar shall collect a fee of five dollars ($5), two dollars ($2) of which is to be remitted to the Department of Health and Environmental Sciences. Normally the two dollars for the Department should accompany the yellow copy of the permit.

UNREPORTED DEATHS

If the Local Registrar learns that a death in his district has not been recorded, it is his duty to immediately contact the mortician and find out why a certificate was not filed. If the mortician refuses to file a certificate of death, refer the violation of law to the County Attorney and to the Bureau of Records and Statistics.

TRANSPORTATION OF BODIES INTO THE STATE

When a dead human body is transported into a registration district, either by common carrier or private conveyance, it must be accompanied by a transit permit issued according to the laws and health regulations of the place where death occurred.

The out-of-state transit permit will be accepted by the sexton of the cemetery or by the person in charge of the crematory as authorization for burial or other disposal in Montana.

The sexton or other person in charge must sign the out-of-state burial-transit permit. He will send this signed permit to the Local Registrar. It should be filed with the other burial permits.

INVOLVEMENT OF MORE THAN ONE FUNERAL HOME

Some deaths involve more than one funeral home. A person may have come to a hospital for medical care, but be a resident of another area. This is common, for example, for patients at Veterans Administration Hospitals and state institutions. In the event of the death of such persons, the body may be picked up and embalmed by a local mortician. The mortician from the locality where the service will be held then transports the remains to a second funeral home.

In such cases the names and addresses of both funeral homes should be shown in Item 26a on the death certificate. The signature in Item 26b should be that of the mortician who was responsible for embalming and who is, therefore, also responsible for filing the death certificate.

It is recognized that it is sometimes difficult to enter the information concerning both funeral homes in Item 26a because of the limited space that can be allowed for the item. If a typewriter and abbreviations are used, there is generally sufficient space.

CORRECTIONS OF DEATH CERTIFICATES

Persons wishing to correct death certificates that have been filed with the Bureau of Records and Statistics should be referred to this office.

MEDICAL CERTIFICATION

The medical certification as to the causes and duration of causes of death shall be made out and signed by the physician who last attended the deceased or by the coroner.

INFANT DEATHS

In the case of deaths of infants, the Local Registrar should check to see that a birth certificate has also been filed. The number of the corresponding birth certificate should be noted in the upper left-hand margin of the death certificate.

CHAPTER V

FETAL DEATH REGISTRATION

FETAL DEATH CERTIFICATES

The person in charge must file a fetal death certificate for each body of a stillborn child which he buries, cremates, or disposes of in any manner. Three copies of the fetal death certificate are necessary. The original is for the Bureau of Records and Statistics; the duplicate, for the Clerk and Recorder; and the triplicate, for the Local Registrar. The person in charge of interment is legally required to furnish the original for the Bureau. It is the duty of the Local Registrar to prepare the copies for the Clerk and Recorder and the memorandum copy for his own file. In some areas, morticians cooperate with the Local Registrar by preparing the duplicate and triplicate copies when the original is typed.

Samples of the Fetal Death Certificate may be found in Appendix 1.

If an infant shows any evidence of life at birth, it is considered a live birth. Both a live birth and death certificate must then be filed. (See Appendix 2 for definitions of live birth and fetal death).

CERTIFICATION AS TO CAUSE OF FETAL DEATH

The physician in attendance will complete Items 9, 10, 11, and 12. If there was no physician in attendance at the time of delivery, the medical certification of cause of fetal death must be signed by the coroner.

BURIAL-TRANSIT PERMIT

When a completed fetal death certificate is filed with the Local Registrar by the mortician, a burial-transit permit must be issued in the same manner as for a regular death certificate.

PROPER CERTIFICATE FORM

The Local Registrar should not accept for filing the report of a fetal death made on the standard birth or death certificate forms. A fetal death must be reported on the fetal death certificate form.

UNREPORTED FETAL DEATH

If the Local Registrar learns that a fetal death in his district was not reported, he should immediately contact the person in charge of interment and find out why a fetal death certificate was not filed before the remains were buried. If the funeral director refuses to file a certificate of fetal death, the violation should be reported to the County Attorney and to the Bureau of Records and Statistics.

LOCAL REGISTRAR'S

STATEMENT OF RETURNS

County_____

City_____

Date_____

To: State Registrar, Montana Department of Health and Environmental Sciences, Helena, Montana 59601

Enclosed are reports for the month of

_____, 19____

_____Births

_____Deaths

_____Fetal Deaths

Signature_____
Local Registrar

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APPENDIX 1

V83

TYPE OR PRINT IN UNFADING BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

MONTANA
CERTIFICATE OF DEATH
ORIGINAL FOR STATE REGISTRAR

LOCAL FILE NUMBER | STATE FILE NUMBER

DECEASED

NAME OF DECEASED - FIRST (1A.)	MIDDLE NAME (1B.)	LAST NAME (1C.)	SEX (2.)	DATE OF DEATH (MONTH, DAY, YEAR) (3.)

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) (4.)	AGE—LAST BIRTHDAY (YEARS) (5a.)	UNDER 1 YEAR: MOS. / DAYS (5b.)	UNDER 1 DAY: HOURS / MIN. (5c.)	DATE OF BIRTH (MONTH, DAY, YEAR) (6.)	COUNTY OF DEATH (7a.)

CITY, TOWN, OR LOCATION OF DEATH (7b.)	INSIDE CITY LIMITS (SPECIFY YES OR NO) (7c.)	HOSPITAL OR OTHER INSTITUTION— NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) (7d.)

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (8.)	CITIZEN OF WHAT COUNTRY (9.)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) (10.)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) (11.)

SOCIAL SECURITY NUMBER (12.)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) (13a.)	KIND OF BUSINESS OR INDUSTRY (13b.)

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

RESIDENCE—STATE (14a.)	COUNTY (14b.)	CITY, TOWN, OR LOCATION (14c.)	INSIDE CITY LIMITS (SPECIFY YES OR NO) (14d.)	STREET AND NUMBER (14e.)

PARENTS

FATHER—NAME FIRST MIDDLE LAST (15.)	MOTHER—MAIDEN NAME FIRST MIDDLE LAST (16.)

INFORMANT—NAME (17a.)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) (17b.)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18.	IMMEDIATE CAUSE (a)	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b)	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO) (19a.)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (19b.)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) (20a.)	DATE OF INJURY (MONTH, DAY, YEAR) (20b.)	HOUR (20c.)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) (20d.)
		M.	

INJURY AT WORK (SPECIFY YES OR NO) (20e.)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) (20f.)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) (20g.)

CERTIFIER

CERTIFICATION— PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR) (21a.) TO (MONTH DAY YEAR) (21b.)

AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) (21c.)	I DID/DID NOT VIEW THE BODY AFTER DEATH. (21d.)	DEATH OCCURRED (HOUR) (21e.)
		M.

AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

CERTIFICATION— CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

HOUR OF DEATH (22a.)	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) (22b.)	AT HOUR (22c.)
M.		M.

CERTIFIER—NAME (TYPE OR PRINT) (23a.)	SIGNATURE (DEGREE OR TITLE) (23b.)	DATE SIGNED (MONTH, DAY, YEAR) (23c.)

MAILING ADDRESS—CERTIFIER (24.) STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) (25A.)	CEMETERY OR CREMATORY—NAME (25B.)	LOCATION CITY OR TOWN STATE (25C.)

DATE (MONTH, DAY, YEAR) (25D.)	MORTUARY —NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) (26A.)

FUNERAL DIRECTOR OR MORTICIAN -- SIGNATURE (26B.)	LOCAL REGISTRAR -- SIGNATURE (27A.)	DATE RECEIVED BY LOCAL REGISTRAR (27B.)

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Bureau of Records & Statistics, Montana Department of Health and Environmental Sciences

APPENDIX 1

VS 7
TYPE OR PRINT IN UNFADING BLACK INK
SEE HANDBOOK FOR INSTRUCTIONS

Records & Statistics, Montana State Department of Health

MONTANA
CERTIFICATE OF FETAL DEATH
ORIGINAL FOR STATE REGISTRAR

LOCAL FILE NUMBER | STATE FILE NUMBER

FETUS

FETUS—NAME (FIRST, MIDDLE, LAST) 1	DATE OF DELIVERY (MONTH, DAY, YEAR) 2a	HOUR 2b M.

SEX 3	THIS DELIVERY—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a	IF NOT SINGLE DELIVERY BORN FIRST, SECOND, THIRD, ETC (SPECIFY) 4b	COUNTY OF DELIVERY 5a

CITY, TOWN, OR LOCATION OF DELIVERY 5b	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d.

MOTHER

MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) 6a	AGE (AT TIME OF THIS DELIVERY) 6b	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c.

RESIDENCE—STATE 7a	COUNTY 7b	CITY, TOWN, OR LOCATION 7c	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d	STREET AND NUMBER 7e

FATHER

FATHER—NAME (FIRST, MIDDLE, LAST) 8a	AGE (AT TIME OF THIS DELIVERY) 8b	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c

CAUSE

9 PART I FETAL DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH	IMMEDIATE CAUSE (a)	SPECIFY FETAL OR MATERNAL
FETAL AND/OR MATERNAL CONDITIONS, IF ANY, GIVING RISE TO THE IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b)	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER CONDITIONS CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a) 10	FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (SPECIFY)	AUTOPSY (SPECIFY YES OR NO) 11a	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 11b

ATTENDANT

I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD 12a SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR) 12b	ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 12c
ATTENDANT—MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 12d	AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN) 13 SIGNATURE	

BURIAL

BURIAL, CREMATION, OR REMOVAL (SPECIFY) 14a	CEMETERY OR CREMATORY—NAME 14b	LOCATION (CITY OR TOWN, STATE) 14c
DATE (MONTH, DAY, YEAR) 14d	MORTUARY —NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 15a.	

FUNERAL DIRECTOR OR MORTICIAN -- SIGNATURE 15b	LOCAL REGISTRAR -- SIGNATURE 16a	DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 16b

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

FATHER

RACE--FATHER WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 17	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY (0,1,2,3,4, OR 5) 18	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)

PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN ARE NOW LIVING 19a	WERE BORN ALIVE—NOW DEAD 19b	WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION) 19c.

MOTHER

RACE—MOTHER WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY) 20	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY (0,1,2,3,4, OR 5) 21	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)

DATE OF LAST LIVE BIRTH MONTH DAY YEAR 22a	DATE OF LAST FETAL DEATH MONTH DAY YEAR 22b

MULTIPLE BIRTHS ENTER STATE FILE NUMBER FOR MATE(S)
LIVE BIRTH(S)
FETAL DEATH(S)

DATE LAST NORMAL MENSES BEGAN (MONTH, DAY, YEAR) 23	MONTH OF PREGNANCY PRENATAL CARE BEGAN (1ST, 2D, ETC. (SPECIFY) 24a	PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE) 24b	BIRTH WEIGHT 25 LB. OZ.

COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") 26.	BIRTH INJURIES TO FETUS (DESCRIBE OR WRITE "NONE") 27.
COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") 28.	CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (DESCRIBE OR WRITE "NONE") 29.
COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE") 30.	INFORMANT 31.

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APPENDIX 1

SILVER STATE POST

PLEASE TYPEWRITE OR PRINT WITH BALL POINT PEN SO THAT ALL COPIES WILL BE LEGIBLE

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
BUREAU OF
RECORDS AND STATISTICS

MONTANA
BURIAL - TRANSIT PERMIT

PERMIT NUMBER

1. NAME OF DECEASED		2. SEX	3. AGE
4. PLACE OF DEATH (CITY) (COUNTY)		5. DATE OF DEATH (MONTH, DAY, YEAR)	
6. DISPOSITION (BURIAL, CREMATION, ETC.)	7. PLACE (CEMETERY OR CREMATORY) COUNTY STATE		
8. PERSON IN CHARGE OF DISPOSITION	9. ADDRESS		

A certificate of death having been filed as required by the laws of the State of Montana, permission is granted to dispose of the body as stated above.

10. PERMIT ISSUED TO	11. LOCAL REGISTRAR - SIGNATURE	12. DATE ISSUED

CEMETERY OR CREMATORY AUTHORITY

13. DISPOSITION (BURIAL, CREMATION, ETC.)	14. CEMETERY OR CREMATORY	15. DATE (MONTH, DAY, YEAR)
This permit must be endorsed by the Sexton (or by the person in charge of interment or disposition when there is no Sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.	16. SIGNATURE (SEXTON OR PERSON IN CHARGE)	

—SEE OTHER SIDE—

APPENDIX 1

V. S. No. 14— 5M 2-59

State of ..... } ss.
County of ..... }

Montana Department of Health and Environmental Sciences Bureau of Records and Statistics

AFFIDAVIT

For Correction of a Record

I hereby swear that the record of { birth / death } number..... for .....
(Name on Record)

who { was born / died } in the city of ..... County of .....

on ..... (Date) is incorrect or incomplete as follows:

The record now shows:	**The true facts are:**

I further swear that I represent the { child / deceased } as .....
(Parent, friend, attorney, etc.)

and that I have the consent of all parties concerned in stating these true facts. I further declare that if the corrected certificate is questioned, I will assume the responsibility of furnishing proof of the corrected item to the questioning agency.

Signed .....
(Affiant)

Address .....

Subscribed and sworn to before me this ..... day of ..... 19.....

SEAL

.....
Notary Public in and for the State of .....

My commission expires .....

Residing at .....

SILVER STATE POST

APPENDIX 1

This Margin Reserved for Binding
WRITE PLAINLY WITH UNFADING INK

VS No 8 Original Record for State Registrar State File No.

DELAYED CERTIFICATE OF BIRTH

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

STATE OF.....
COUNTY OF..... } ss.

Name at Birth.....Date of Birth.....

Birthplace..... Sex.....
(City or Town) (County) (State)

FATHER

Full Name.....

Color or race..... Birthyear.....

Birthplace.....
(City or Town) (State or Country)

MOTHER

Maiden Name.....

Color or race..... Birthyear.....

Birthplace.....
(City or Town) (State or Country)

The above statements are true to the best of my knowledge and belief.

SIGNATURE OF PERSON REGISTERED.....
(Exactly as used at present time)

*If married woman sign maiden name here also.....

Subscribed and sworn to before me this..... day of....., 19.....

NOTARY SEAL

.....
Notary Public

My commission expires.....

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF EVIDENCE to be entered by Montana State Registrar

No prior birth certificate has been filed with the Montana Department of Health and Environmental Sciences.
Duplicate forwarded for local registration. Approved.....
.....Date..... by.....

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APPENDIX 1

ACKNOWLEDGMENT OF PATERNITY

State of _____)
) ss
County of _____)

I, _____ (father's name), born _____ (state) on _____ (date),

hereby acknowledge that I am the father or _____ (child's name)

born to _____ (mother's maiden name) at _____ (city or county) Montana,

on _____ (date). I request that this information be added to the

birth certificate for the above-named child.

Signed _____

Subscribed and sworn to before me this _____ day of _____.

_____
NOTARY PUBLIC

State of _____)
) ss
County of _____)

I, _____ (mother's maiden name), hereby state that I am the mother of

_____ (child's name) born on _____ (date)

at _____ (city or county), Montana. I further state that

_____ (father's name) is the father of this child and I

request that this information be placed on the birth certificate for the above-named child.

Signed _____

Subscribed and sworn to before me this _____ day of _____.

_____
NOTARY PUBLIC

APPENDIX 1

ACKNOWLEDGMENT OF PATERNITY FOR LEGITIMATION

State of _____)
) ss
County of _____)

I, _____ acknowledge that I am the father of
(father's name)
_____ born on _____
(child's name) (date)
at _____ . At the time of this birth I was
(city or county)
_____ years old. I was born at _____.

Race or color _____. Occupation _____.

I am now married to _____, mother of
(mother's maiden name)
_____ . I request that the record of birth now on
(child's name)
file be changed accordingly. The child's name shall be _____.

_____
FATHER

Subscribed and sworn to before me this _____ day of _____.

_____
NOTARY PUBLIC

State of _____)
) ss
County of _____)

I, _____ acknowledge that I am the mother of
(mother's maiden name)
_____ born on _____
(child's name) (date)
at _____. The father is _____
(city or county)
_____. I am now married to _____.

I request that the record of birth now on file be changed accordingly.

_____
MOTHER

Subscribed and sworn to before me this _____ day of _____.

_____
NOTARY PUBLIC

HOSPITAL BIRTH WORKSHEET NO. 1
INFORMATION FROM INFORMANT

NAME OF CHILD

FIRST	MIDDLE	LAST

MOTHER OF CHILD

NAME	FIRST	MIDDLE	LAST

AGE LAST BIRTHDAY	STATE OF BIRTH-IF NOT IN U.S.A., NAME COUNTRY

MOTHER'S MAIDEN NAME	FIRST	MIDDLE	LAST

RESIDENCE OF MOTHER

STATE	COUNTY	CITY, TOWN, OR LOCATION

INSIDE CITY LIMITS SPECIFY YES OR NO	STREET AND NUMBER

MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED IN REGULAR SCHOOL		
WHITE, NEGRO, AMERICAN INDIAN, CHINESE, JAPANESE ETC. (SPECIFY)	ELEMENTARY (0,1,2,3,4,...OR 8)	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)

PREVIOUS DELIVERIES TO MOTHER-HOW MANY OTHER CHILDREN

ARE NOW LIVING	WERE BORN ALIVE-NOW DEAD	WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION)

DATE OF LAST LIVE BIRTH MONTH DAY YEAR	DATE OF LAST FETAL DEATH MONTH DAY YEAR	DATE LAST NORMAL MENSES BEGAN MONTH DAY YEAR	MONTH OF PREGNANCY PRENATAL CARE BEGAN-FIRST, SECOND, THIRD, ETC.(SPECIFY)	PRENATAL VISITS (TOTAL NUMBER) IF NONE, SO STATE

FATHER OF CHILD

NAME	FIRST	MIDDLE	LAST

AGE LAST BIRTHDAY	STATE OF BIRTH-IF NOT IN U.S.A., NAME COUNTRY

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED IN REGULAR SCHOOL		
WHITE, NEGRO, AMERICAN INDIAN, CHINESE, JAPANESE ETC. (SPECIFY)	ELEMENTARY (1,2,3,4,...OR 8)	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)

INFORMANT

SIGNATURE	NAME-PRINTED OR TYPED

ADDRESS-(IF NOT MOTHER)

RELATIONSHIP TO CHILD	DATE MONTH DAY YEAR

HOSPITAL BIRTH WORKSHEET NO. 2
INFORMATION FROM MEDICAL RECORDS

CHILD

CHILD'S MEDICAL RECORD NUMBER _____

NAME FIRST MIDDLE LAST

DATE OF BIRTH _____ HOUR OF BIRTH _____ M.
MONTH DAY YEAR

SEX _____ BIRTH WEIGHT _____

THIS BIRTH (SINGLE, TWIN, TRIPLET, ETC.) _____

IF NOT SINGLE BIRTH (BORN FIRST, SECOND, ETC.) _____

BIRTH INJURIES TO CHILD _____

_____

CONGENITAL MALFORMATIONS OR ANOMALIES _____

WHAT PROPHYLACTIC USED IN EYES? _____

MOTHER

MOTHER'S MEDICAL RECORD NUMBER _____

NAME FIRST MIDDLE LAST

COMPLICATIONS:

RELATED TO PREGNANCY _____

_____

NOT RELATED TO PREGNANCY _____

_____

OF LABOR _____
SPECIFY YES OR NO DATE

MOTHER'S BLOOD TESTED? _____

OPERATION FOR DELIVERY (DESCRIBE OR WRITE "NONE") _____

ATTENDANT

NAME _____ (M.D., D.O., OTHER) _____

MAILING ADDRESS _____

_____ ZIP _____

HOSPITAL WORK SHEET

For Preparation of Birth Certificate

Hospital

CHILD

CHILD - NAME (FIRST / MIDDLE / LAST) 1			DATE OF BIRTH (MONTH, DAY, YEAR) 2a	HOUR 2b M
SEX 3	THIS BIRTH — SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a	IF NOT SINGLE BIRTH — BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b	COUNTY OF BIRTH 5a	
CITY, TOWN, OR LOCATION OF BIRTH 5b	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c	HOSPITAL — NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d		

MOTHER

MOTHER — MAIDEN NAME (FIRST / MIDDLE / LAST) 6a			AGE (AT TIME OF THIS BIRTH) 6b	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c
RESIDENCE — STATE 7a	COUNTY 7b	CITY, TOWN, OR LOCATION 7c	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d	STREET AND NUMBER 7e

FATHER

FATHER — NAME (FIRST / MIDDLE / LAST) 8a	AGE (AT TIME OF THIS BIRTH) 8b	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c

MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) 9a.	ATTENDANT — M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c

ATTENDANT

CERTIFIER — NAME (TYPE OR PRINT) 10d	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

FATHER

RACE — FATHER (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 12	EDUCATION — SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, OR 5) 13	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)

PREVIOUS DELIVERIES — HOW MANY OTHER CHILDREN: ARE NOW LIVING 14a	WERE BORN ALIVE — NOW DEAD 14b	WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION) 14c

MOTHER

RACE — MOTHER (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 15	EDUCATION — SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, OR 5) 16	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)

DATE OF LAST LIVE BIRTH: MONTH / DAY / YEAR 17a	DATE OF LAST FETAL DEATH: MONTH / DAY / YEAR 17b

DATE LAST NORMAL MENSES BEGAN: MONTH / DAY / YEAR 18	MONTH OF PREGNANCY PRENATAL CARE BEGAN: FIRST, SECOND, THIRD, ETC. (SPECIFY) 19a	PRENATAL VISITS: TOTAL NUMBER (IF NONE, SO STATE) 19b	MOTHER'S BLOOD TESTED: SPECIFY YES OR NO--DATE 20	BIRTH WEIGHT: 21 LB OZ.

COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") 22	BIRTH INJURIES TO CHILD (DESCRIBE OR WRITE "NONE") 23
COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE") 24	CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (DESCRIBE OR WRITE "NONE") 25

COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE") 26	OPERATION FOR DELIVERY (DESCRIBE OR WRITE "NONE") 27.	WHAT PROPHYLACTIC USED IN EYES? 28.

INFORMANT

SIGNATURE	NAME-PRINTED OR TYPED
ADDRESS-(IF NOT MOTHER)	
RELATIONSHIP TO CHILD	DATE: MONTH / DAY / YEAR

APPENDIX 2

DEFINITIONS

CEMETERY

Any burial ground, either public or private.

DELAYED CERTIFICATE OF BIRTH

A delayed certificate of birth is one filed for a person over the age of 6 months whose birth had not been previously recorded.

Between the age of 6 months and 12 years, the Certificate of Live Birth form is used. One document is required as evidence unless an affidavit from the attending physician or attendant is obtained.

After 12 years of age, a Delayed Birth form is required with three supporting documents as evidence.

FETAL DEATH

The birth of a fetus after twenty weeks of gestation which shows no evidence of life after complete birth, (that is, no action of the heart, breathing, or movement of voluntary muscles.)

FOUNDLING

An infant of unknown parentage found after being abandoned.

FUNERAL DIRECTOR

One who supervises funerals, prepares dead bodies for burial other than by embalming, and maintains a mortuary for the preparation,disposition, or care of dead bodies.

LIVE BIRTH

A child who shows evidence of life after complete birth. Evidence of life includes heart action, breathing, or movement of voluntary muscles.

LOCAL REGISTRAR

A person who represents the Department of Health and Environmental Sciences to act as its agent in administering the vital statistics law within the area set forth in the letter of appointment.

MORTICIAN

A person licensed to practice mortuary science. Mortuary science is the profession or practice of funeral directing and embalming.

NOTIFICATION

A report to the mother that a birth certificate has been filed for her child. These are presently issued in the form of a copy of the legal portion of the birth certificate, (that is, the top portion of the certificate above the heading "Confidential Information for Medical and Health Use Only".)

PHYSICIAN

A person legally authorized to practice medicine in Montana -- Medical Doctor.

REGISTRATION DISTRICT

The entire territory served by one Local Registrar.

RULES

Rules prescribed by the Montana Department of Health and Environmental Sciences for the administration of laws.

SEXTON

Any person having charge of a public cemetery or grave yard.

VITAL STATISTICS

Includes the registration, preparation, transcription, collection, compilation, and preservation of data pertaining to births, adoptions, legitimations, deaths, fetal deaths, marital status, and incidental supporting data.

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69-4401 DEFINITIONS. Unless the context requires otherwise, in this chapter:

(1) "Vital statistics" includes the registration, preparation, transcription, collection, compilation, and preservation of data pertaining to births, adoptions, legitimations, deaths, fetal deaths, marital status, and incidental supporting data.

(2) "Live birth" means the birth of a child who shows evidence of life after being entirely outside the mother.

(3) "Fetal death" means a birth after twenty (20) weeks of gestation which is not a live birth.

(4) "Dead body" means a lifeless human body or parts of a body from which it reasonably may be concluded that death occurred recently.

(5) "Person in charge of interment" means a person who places or causes to be placed, a dead body or the ashes after cremation, in a grave, vault, urn, or other receptacle, or otherwise disposes of the body.

(6) "Physician" means a person legally authorized to practice medicine in this state.

(7) "Local registrar" means a person appointed by the department of health and environmental sciences to act as its agent in administering this chapter in the area set forth in the letter of appointment.

69-4402 STATEWIDE SYSTEM OF VITAL STATISTICS ESTABLISHED BY DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES. The department of health and environmental sciences shall establish a statewide system of vital statistics and adopt rules for gathering, recording, using, and preserving vital statistics.

69-4403 FUNCTIONS, POWERS AND DUTIES OF DEPARTMENT. The department shall:

(1) divide the state into registration districts and change districts as necessary;

(2) gather, record, use, and preserve vital statistics;

(3) enforce rules adopted by the department for gathering, recording, using and preserving vital statistics;

(4) give instructions and prescribe forms for gathering, recording, preserving, and using vital statistics.

69-4404 DISCLOSURE OF DATA IN VITAL STATISTICS RECORDS--INSPECTION OF RECORDS. It is unlawful to disclose data in the vital statistics records of the department, local registrars, or county clerk and recorder unless disclosure is authorized by law and approved by the department. The department may not permit inspection of the records or issue copies of a certificate unless it is satisfied that the applicant has a direct and tangible interest in the data recorded and that the information is necessary for the determination of personal or property rights.

69-4405 DISCLOSURE OF INFORMATION TO GOVERNMENTAL AGENCIES. The board may direct the department to disclose information from its records to federal, state, county, or municipal agencies for use only as prescribed by the board. If no identification of individuals is made, the board may permit the use of data contained in vital statistics records for research purposes.

69-4406 CERTIFIED COPY OF CERTIFICATE--EFFECT OF. Subject to the limitations of sections 69-4404, 69-4405, 69-4417, 69-4419 and 69-4422, the department shall furnish to any applicant a certified copy of a certificate, or part of it, upon request which shall be considered the same as the original.

69-4407 CERTIFIED COPY OF CERTIFICATE--FEE. The department shall prescribe a fee of not less than two dollars ($2) for a certified copy of certificates, or search of files. The department may provide transcripts to the federal agency responsible for vital statistics if it is reimbursed for costs.

69-4408 DISPOSITION OF FEES FROM CERTIFIED COPIES. Fees received for a certified copy of a certificate or a search of files shall be deposited in the state general fund.

69-4409 LOCAL REGISTRARS--APPOINTMENT--SUPERVISION. The department shall:

(1) Appoint local registrars;

(2) Supervise local registrars and other persons required to comply with this act.

69-4410 LOCAL REGISTRARS--DEPUTIES. With approval of the department, local registrars may appoint deputies. Local registrars and deputies shall immediately report violations of this act or rules of the department to the department.

69-4411 CERTIFICATES--INFORMATION REQUIRED--DISPOSITION OF COPIES.

(1) All certificates shall include information required by the the department.

(2) Local registrars shall forward original certificates to the department, file a duplicate copy with the county clerk and recorder, and retain a triplicate copy.

(3) Local registrars shall not issue certified copies of certificates.

69-4412 CERTIFICATES--PRIMA FACIE EVIDENCE. Certificates filed within six (6) months after the time prescribed by the department shall be prima facie evidence of the facts stated in the certificates. Data pertaining to the father of a child are prima facie evidence only if the alleged father is the husband of the mother. If the alleged father is not the husband of the mother, data pertaining to the alleged father are not evidence in any proceedings adverse to his interest, his heirs, next of kin, devisees, legatees, or other successors in interest.

69-4413 BIRTHS--COMPULSORY REGISTRATION. Within the time prescribed by the department, a birth certificate shall be filed with the local registrar of the district in which the birth occurred by:

(1) the physician, midwife, or other legally authorized person if the birth is attended;

(2) one of the parents if the birth is unattended.

69-4414 UNATTENDED BIRTH--CERTIFICATE PREPARED AND FILED BY LOCAL REGISTRAR.

(1) If a birth is unattended and neither parent is able to prepare a birth certificate, the local registrar shall:

(a) secure information from any person having knowledge of the birth;

(b) prepare and file a birth certificate;

(c) within the time prescribed by the department, file a supplementary report furnishing information omitted from the original birth certificate if additional information is received.

(2) Birth certificates completed by a supplementary report shall not be considered "delayed" or "altered."

69-4415 CUSTODIAN OF CHILD OF UNKNOWN PARENTS--REPORT FILED WITH LOCAL REGISTRAR CONSTITUTES BIRTH CERTIFICATE.

(1) A person who assumes custody of a child of unknown parentage shall immediately file with the local registrar a written report which shall constitute a birth certificate. The report shall contain:

(a) the date and place of finding or assumption of custody;

(b) sex, color or race, and approximate age of the child;

(c) name and address of the person or institution with whom the child has been placed for care;

(d) name given to the child by the finder or person who assumes custody.

(2) The place where the child was found or custody assumed shall be the place of birth. The date of birth shall be determined by approximation. If the child is identified and a regular birth certificate is found or obtained, the report shall be sealed and may be opened only by court order.

69-4416 BIRTH CERTIFICATE--DELAYED FILING--PROOF REQUIRED--AMENDMENT. After the time prescribed by the department, a person born in this state may file a birth certificate upon submitting proof as required by the department or by any court. A person may amend a birth, death, or fetal death certificate upon submitting proof as required by the department.

69-4417 BIRTH CERTIFICATE--DELAYED FILING--SUMMARY STATEMENT OF EVIDENCE. If birth certificates are accepted six (6) months or more after the time prescribed for filing or are altered by the department after filing, the certificate shall show the date of the delayed filing or alteration and the mark "delayed" or "altered." A summary statement of the evidence in support of the delayed filing or alteration shall be endoresed on the certificate.

69-4418 DATE AND PLACE OF BIRTH--JUDICIAL PROCEDURE TO ESTABLISH WHERE BIRTH CERTIFICATE CANNOT BE OBTAINED. If a person born in this state cannot obtain a birth certificate from the department, the judicial procedure to establish date and place of birth is:

(1) the person petitions the district court for an order establishing a public record of his birth alleging the facts which he claims entitles him to the birth certificate;

(2) if the court is satisfied of the truth of the allegations in the petition, it makes an order reciting the facts, determining the time and place of birth, names of parents, and other relevant facts;

(3) the court order or a certified copy is recorded with the county clerk and recorder and with the department;

(4) from the court order, the department makes a transcript of the important facts and issues a delayed birth certificate.

69-4419 DELAYED CERTIFICATE OF BIRTH--PROBATIVE VALUE. The probative value of a "delayed" or "altered" certificate of birth is determined by the judicial or administrative body before whom the certificate is offered as evidence.

69-4420 SUBSTITUTE BIRTH CERTIFICATE--PROCEDURE FOR ISSUANCE. The procedure for issuing a substitute birth certificate for a person born in Montana and adopted is:

(1) Before the sixteenth day of the month following the order of adoption the clerk of the district court shall forward a certified copy of the final order of adoption to the department;

(2) The department shall prepare a substitute certificate containing:

(a) The new name of the adopted person;

(b) The true date and place of birth and sex of the adopted person;

(c) Statistical facts concerning the adoptive parents in place of the natural parents;

(d) The words "department of health and environmental sciences" substituted for the words "attendant's own signature;" and

(e) Dates of recording as shown on the original birth certificate.

69-4421 SUBSTITUTE BIRTH CERTIFICATE--PROCEUDRE FOR RECORDING.

(1) The procedure for recording a substitute certificate of birth for a person born in Montana and adopted is:

(a) The department shall send copies of the substitute certificate to the local registrar and to the county clerk and recorder;

(b) The local registrar and county clerk and recorder shall immediately enter the substitute birth certificate in its files and forward copies of the original birth record to the department;

(c) The department shall seal original birth records and open them only on demand of the adopted person if of legal age, or on order of a court.

(2) On receipt of a certified copy of a court order annulling an adoption, the department shall restore the original certificate to its place in its files and notify the local registrar and county clerk and recorder.

69-4422 ILLEGITIMATE BIRTH--PERMISSIBLE DISCLOSURE. Disclosure of illegitimacy of birth, or information from which illegitimacy can be ascertained, may be made only upon order of a court to determine personal or property rights. The information can be used only for that purpose.

69-4423 PROOF OF LEGITIMATION--NEW BIRTH CERTIFICATE. Upon receipt of proof of legitimation, the department shall prepare a new birth certificate in the new name of the person legitimated. Evidence upon which the new certificate is based and the original birth certificate shall be sealed and may be opened only upon court order. In case of legitimation, the department shall substitute records in the way provided in section 69-4421 for records of adoption.

69-4424 DEATH CERTIFICATE--TIME OF FILING.

(1) A death or fetal death certificate shall be filed with the local registrar prior to interment or other disposition of a dead body. If the place of death is known, the certificate shall be filed within three (3) days after the occurrence is known. If the place of death or fetal death is unknown, the certificate shall be filed within twenty-four (24) hours after the occurrence is known.

(2) If a state resident dies outside the county of his residence, the clerk and recorder shall send a certified copy of the death certificate to the clerk and recorder of the deceased's county of residence. The copy shall be considered the same as the original.

69-4425 DEATH CERTIFICATE--PREPARATION AND FILING. A person in charge of interment shall:

(1) obtain personal data required by the department from persons best qualified to supply the data and enter it on the death or fetal death certificate;

(2) present the death certificate to the physician last in attendance upon the deceased or the coroner having jurisdiction who shall certify the cause of death according to his best knowledge and belief; or

(3) present the fetal death certificate to the physician, midwife, or other person in attendance, who shall certify the fetal death and supply any pertinent additional medical data;

(4) notify the local registrar if the death or fetal death occurred without attendance or if the physician last in attendance failed to sign the death certificate;

(5) file the death or fetal death certificate with the local registrar within three (3) days after the occurrence.

69-4426 DEATH WITHOUT MEDICAL ATTENDANCE--CERTIFICATE--INVESTIGATION. If the death or fetal death occurred without medical attendance or the physician last in attendance failed to sign the death certificate, the local registrar may complete the certificate on the basis of information received from persons having knowledge of the facts. If it appears the death (or fetal death) resulted from other than natural causes, the local registrar shall notify the coroner for investigation and certification.

69-4427 DELAY IN DETERMING CAUSE OF DEATH--PERMIT FOR DISPOSITION OF BODY. If the cause of death or fetal death cannot be determined within three (3) days after the occurrence, the attending physician or coroner shall give the local registrar written notice of the reason for delay so that a permit may be issued for disposition of the body.

69-4428 DEAD BODY--DISPOSITION OR REMOVAL--PERMIT REQUIRED. No dead body shall be disposed of or removed from a registration district until a permit for disposition or removal has been issued by the local registrar. No permit shall be issued until a death certificate, fetal death certificate, or notice of delay as required in section 69-4427 has been filed with the local registrar.

69-4428.1 DISINTERMENT--PERMIT.

(1) A body, after burial, may be disinterred for reinterment or transport, upon obtaining a permit therefor from the local registrar of the jurisdiction where the body is interred.

(2) Administration of the act shall be in the department of health and environmental sciences, which shall adopt rules accordingly. The rules shall provide that as a right to the permit the applicant make a showing of reasonable cause for the disinterment.

(3) This act provides a supplementary procedure for disinterment of a dead body, and is not amendatory to or repealing of any other act.

69-4429 BODY BROUGHT INTO STATE FOR BURIAL OR OTHER DISPOSITION--RECORD OF PERMIT. If a body is brought into the state for burial or other disposition accompanied by a permit, the local registrar shall endorse the permit and keep a record of it.

69-4430 INSTITUTIONS CARING FOR PERSONS--REPORTS AS TO INMATES OR PATIENTS. The person in charge of any institution or facility for the care of persons shall record and report all data required by this chapter relating to inmates or patients of the institutions or facility.

69-4431 LOCAL REGISTRARS--FEES. The department may specify by regulation a fee to be paid each local registrar for each complete birth, death or fetal death certificate forwarded by the local registrar to the department, or a monthly report stating the local registrar did not file certificates. The department shall annually certify to the county treasurer the number of births, fetal deaths, and deaths, or monthly reports received from his county with the names of the local registrars and the amount due each. The treasurer shall pay each local registrar out of the county general fund.

69-4432 MARRIAGE CERTIFICATES--REPORTS AS TO FILING--RECORDING FEE. Before the sixteenth day of each month, each clerk of a district court shall report marriage certificates filed with him during the preceding calendar month to the department. Reports shall be on forms and contain information prescribed by the department. The applicant for a marriage license shall pay a recording fee of twenty-five cents ($.25) to the officer authorized to issue the marriage license.

69-4433 REGISTRATION OF DIVORCES, ANNULMENTS AND ADOPTIONS--CERTIFICATES BY CLERKS OF COURTS. Before the sixteenth day of each month the clerk of court shall prepare and forward to the department a certificate for each decree of divorce, adoption, annulment of marriage, or annulment of adoption that became final during the preceding calendar month. Certificates shall be on forms prescribed by the department.

69-4434 DECREE OF DIVORCE OR ANNULMENT OF MARRIAGE--REPORT BY CLERK OF COURT--INFORMATION SUPPLIED BY PARTIES TO THE ACTION OR THEIR ATTORNEYS.

(1) At the same time a decree of divorce or annulment of marriage is filed,the clerk of court shall prepare a report to the department on the form prescribed by the department. Parties to the action or their attorneys shall supply the clerk with necessary information.

(2) The report shall include:

(a) name, age, birthplace, residence, race or color, and occupation of each party;

(b) number, date, and place of any previous marriage of either party;

(c) number of children under eighteen (18) years of age in custody of either party and residing with him;

(d) grounds for the action;

(e) the number of the cause of action;

(f) the county and judicial district where the action is filed;

(g) the date of judgment and the party which was granted it.

69-4435 DUTY TO FURNISH INFORMATION. Any person having knowledge of the fact shall furnish information he possesses about a birth, death, fetal death, marriage or divorce upon demand of the department.

69-4436 FALSE STATEMENTS OR INFORMATION CONTAINED IN OR MUTILATION OF REPORTS, RECORDS, OR CERTIFICATES RELATING TO VITAL STATISTICS--PENALTY. A person shall be fined not more than one thousand dollars ($1,000), imprisoned not more than one (1) year, or both, if:

(1) he willfully and knowingly makes any false statement in a report, record, or certificate required to be filed by law, or in an application for an amendment thereof, or willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment;

(2) without lawful authority and with the intent to deceive, he makes, alters, amends, or mutilates any report, record, or certificate required to be filed under law or a certified copy of the report, record, or certificate;

(3) he willfully and knowingly uses or attempts to use, or furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy made, altered, amended, or mutilated;

(4) with the intention to deceive, he willfully uses or attempts to use any birth certificate or certified copy of a birth record knowing that such certificate or certified copy was issued upon a record which is false in whole or in part or which relates to the birth of another person;

(5) he willfully and knowingly furnishes a birth certificate or certified copy of a birth record with the intention that it be used by a person other than the person to whom the birth record relates.

69-4437 HANDLING AND DISPOSING OF DEAD BODY WITHOUT PERMIT--REFUSAL TO GIVE INFORMATION--NEGLECT OR REFUSAL TO PERFORM DUTIES IMPOSED BY VITAL STATISTICS LAW--PENALTY. A person shall be fined not less than twenty-five ($25) nor more than one hundred dollars ($100), imprisoned for not more than thirty (30) days, or both, if:

(1) he knowingly transports or accepts for transportation, interment, or other disposition a dead body without an accompanying permit as provided by law;

(2) he refuses to provide information required by law;

(3) he willfully neglects or violates any of the provisions of law or refuses to perform any of the duties imposed upon him by law.

94-5-619 REPORTING OF PRACTICE OF ABORTION.

(1) Every facility in which an abortion is performed within the state of Montana shall keep on file upon a form prescribed by the department a statement dated and certified by the physician who performed the abortion setting forth such information with respect to the abortion as the department by regulation shall require; including, but not limited to, information on prior pregnancies; the medical procedure employed to administer the abortion; the gestational age of the fetus; the vital signs of the fetus after abortion, if any; and if after viability, the medical procedures employed to protect and preserve the life and health of the fetus.

(2) The physician performing an abortion shall cause such pathology studies to be made in connection therewith as the department shall require by regulation, and the facility shall keep the reports thereof on file.

(3) In connection with an abortion, the facility shall keep on file the original of each of the documents required by this act relating to informed consent, consent to abortion, certification of necessity of abortion to preserve the life or health of the mother, and certification of necessity of abortion to preserve the life of the mother.

(4) Such facility shall within thirty (30) days after the abortion file with the department a report upon a form prescribed by the department and certified by the custodian of the records or physician in charge of such facility setting forth all of the information required in subsections (1), (2), and (3) of this section, except such information as would identify any individual involved with the abortion. The report shall exclude copies of any documents required to be filed by subsection (3) of this section, but shall certify that such documents were duly executed and are on file.

(5) All reports and documents required by this act shall be treated with the confidentiality afforded to medical records, subject to such disclosure as is permitted by law; except that statistical data not identifying any individual involved in an abortion shall be made public by the department annually, and the report required by subsection (4) of this section to be filed with the department shall be available for public inspection except in so far as it identifies any individual involved in an abortion. Names and identities of persons submitting to abortion shall remain confidential among medical and medical support personnel directly involved in the abortion, and among persons working in the facility where the abortion was performed whose duties include billing the patient or submitting claims to an insurance company, keeping facility records, or processing abortion data required by state law.

(6) The department shall report to the attorney general any apparent violation of this act.

(7) The reports required by this section shall not be mandatory for any abortion performed prior to July 1, 1974.

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MAC 16-2.6(6)-S650 CERTIFICATE OF BIRTH

Adopted: December 31, 1972

Statutory Authority: 69-4413

(1) A certificate of birth for every child born in Montana shall be made and filed by the attending physician or midwife within ten (10) days after the date of birth. And if there is no attending physician or midwife, then it shall be the duty o the father of the child, householder or owner of the premises, or the head of the hospital or institution in which the birth occurred, to make and file the certificate within ten (10) days after birth.

MAC 16-2.6(6)-S660 REGISTRARS, PRESERVATION OF COPIES OF RECORD

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4411

(1) Having received, numbered and signed a death, birth, or fetal death certificate, the local registrar shall make an accurate copy of each certificate, copied upon forms which are identical with the legal portion of the original certificates but printed upon yellow paper. Such copies shall be filed in such manner as to be easily accessible for reference. After two (2) years from the date filed, the local registrar may request from the department written permission to destroy the triplicate (local registrar) copy of the certificates. At the termination of his office, the local registrar shall deliver his records to his successor, or to such person as the department may designate.

MAC 16-2.6(6)-S670 CERTIFICATES UNFADING, PERMANENT AND LEGIBLE

Adopted: December 31, 1972

Statutory Authority: 69-4402

(1) All birth, death, and fetal death certificates must be plainly written in unfading black ink; and provided also, that original typewritten certificates of deaths, births and fetal deaths may be submitted if all signatures required thereto are written in unfading black ink. If the writing is so poor as to be unintelligible to the local registrar

or if the entries are not dark enough to photograph satisfactorily, it is deemed not legible and is not in compliance with the laws of this state; therefore, the person making the report should be notified in the same manner as though the report were incomplete and the same action taken in case a proper report is not made.

MAC 16-2.6(6)-S680 MONTHLY STATEMENT OF RETURNS

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4402

(1) To facilitate and to insure proper accounting, local registrars shall make a monthly statement of returns on or before the fifth day of each month on blanks supplied by the department and shall retain a carbon copy for his own files.

MAC 16-2.6(6)-S690 CERTIFICATE OF ACCOUNTS

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4431

(1) The department shall certify to the treasurer of each county the number of births, deaths, and fetal deaths registered in such county, with the names of the local registrars, and the amounts due them at the rates specified in the regulations of the department; such certification to be made annually unless in the opinion of the department it shall be desirable to make them more often.

MAC 16-2.6(6)-S6000 RECORDS OF INSTITUTIONS

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4430

(1) The records of all hospitals, almshouses, lying-in or other institutions shall contain the following information: Full name of patient; address; sex; color or race; single, married, widowed or divorced; date of birth; age; occupation; birthplace; name of father; birthplace of father; maiden name of mother; birthplace of mother; disease at entrance; and date of entrance, discharge or removal, or death.

(2) The requirements of the Uniform Vital Statistics Act shall be literally enforced; and it shall be the duty of the department or its duly authorized agents, to inspect the records of all hospitals, almshouses, lying-in or other institutions, both public and private, as often as in the judgment of the department it may be necessary so to do; and such hospitals, almshouses, lying-in or other institutions shall furnish such information or reports as the department may from time to time require.

(3) It shall be the duty of the superintendent of any hospital wherein a birth occurs to present a completed birth certificate to the mother of each baby born therein before she leaves the institution for review as to the correctness of the information contained in the birth certificate. The mother must sign Item 9a after the words "I have reviewed this, my child's birth certificate, and find the information correct."

MAC 16-2.6(6)-S6010 DEATH CERTIFICATE TO BE SPECIFIC

Adopted: December 31, 1972

Statutory Authority: 69-4425

(1) Every death certificate shall state the specific items of information as to the disease, manner and cause of death, and if from external causes or violence, it shall state whether accidental, suicidal or homicidal, and the manner in which the accident happened or the suicide or homicide was committed.

MAC 16-2.6(6)-S6020 BURIAL OR REMOVAL PERMIT REFUSED, WHEN

Adopted: December 31, 1972

Statutory Authority: 69-4428

(1) If upon examination by the local registrar the answers to any questions are found to be indefinite and unsatisfactory and the circumstances of the case would make it appear that the questions can be more fully and defintely answered, no burial or removal permit shall be issued until such information has been properly and fully supplied.

MAC 16-2.6(6)-S6030 BURIAL-TRANSIT PERMIT ISSUANCE

Adopted: December 31, 1972

Statutory Authority: 69-4428

(1) If there be no sexton or other person in charge of the burial grounds, then the person acting as undertaker shall endorse the required facts upon the burial permit and shall deliver it to the registrar of the district in which interment is made within ten (10) days from date of burial.

MAC 16-2.6(6)-S6040 HEALTH OFFICERS NOTIFIED BY REGISTRAR, WHEN

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4402

(1) In the case of death from a dangerous, communicable disease occurring in a registration district wherein the local registrar has no jurisdiction as health officer, said local registrar shall immediately notify the health officer having jurisdiction of the name and address of the deceased person and the name of the physician who attended the same, so that all precautions regarding quarantine, isolation, conduct of public funerals and disinfection of premises as required by the public health law and regulations of the department may be properly observed.

(2) The provisions of subsection (1) shall apply in the case of deaths from the following diseases: Anthrax, cholera (Asiatic), diphtheria, emphysema, meningococcic meningitis, plague, smallpox, typhoid fever and typhus fever.

(3) Undertakers are held responsible for the strict observance of the regulations of the department relative to the burial of bodies dead of communicable diseases.

MAC 16-2.6(6)-S6060 FEES FOR COPIES AND RESEARCH

Adopted: December 31, 1972

Statutory Authority: 69-4407

(1) There shall be a charge of two dollars ($2.00) for each certified copy of a birth, death, or fetal death certificate issued by the Bureau of Records and Statistics of the department.

(2) Exceptions:

(a) A birth notification shall be issued free of charge from the birth record of any child whose birth occurred less than one year prior to the date of request for said notification.

(b) Any record shall be issued free of charge which is exempted under Section 91-4816, R.C.M. 1947, viz:

"Whenever a copy of any public record is required by the veterans' administration to be used in determining the eligibility of any person to participate in benefits made available by the veterans' administration, the official custodian of such public record shall without charge provide the applicant for such benefits or any person acting on his behalf or the authorized representative of the veterans' administration with a certified copy of such record."

MAC 16-2.6(6)-S6070 DELAYED BIRTH RECORDS

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4416

(1) Any person born in the state of Montana whose birth was not properly recorded at the time of birth may file a certificate of Delayed Birth Registration.

A delayed birth record is one registered six months after the birth occurred.

A child six months to twelve years old may have his birth registered on sworn statement of attendant or as a delayed birth registration outlined below.

Proof required to register a birth twelve years or older:

A certificate of Delayed Birth Registration establishes proof of the date of birth, place of birth and parentage by documentary evidence. The face of the certificate shall include name of person being registered; date and place of birth; sex; father's name, color, birthyear and birthplace; mother's maiden name, color, birthyear and birthplace. In addition at least three documents (no two of which shall be of the same type) will be required which prove date and place of birth and parentage. First consideration should be given to older documents.

The certificate of Delayed Birth Registration, with abstracted proofs, will not be valid and cannot be filed until final approval is made by the department or its designated agents. A fee of two dollars ($2) shall be charged for registering a delayed birth record, except when a certified copy is requested at time of registering a delayed record, then no charge for the registration will be made.

MAC 16-2.6(6)- SUBSTITUTE BIRTH CERTIFICATE FORM
S6080

Adopted: December 31, 1972

Statutory Authority: 69-4420

(1) The format for substitute birth certificate is as shown on "Montana Certificate of Adoption" form, copy of which follows this rule and by reference is made a part of this rule. The certificate will be sealed with the original birth certificate and placed in a sealed file to be opened only on demand of the adopted person if of legal age and properly identified or by court order.

MONTANA

CERTIFICATE OF ADOPTION

V. S. NO. 17

PART I: **The information in this section must be given as it was before adoption.**
Without this data it may be impossible to file an amended certificate of birth for this child.

CHILD	1A. NAME OF CHILD-FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME	
	2. SEX / 3. DATE OF BIRTH	4A. PLACE OF BIRTH - COUNTY	4B. CITY AND STATE	
NATURAL MOTHER	5A. MAIDEN NAME OF MOTHER - FIRST NAME	5B. MIDDLE NAME	5C. LAST NAME	
NATURAL FATHER	6A. NAME OF FATHER - FIRST NAME	6B. MIDDLE NAME	6C. LAST NAME	

PART II: **Information After Adoption (Foster or Natural)**
Adopting parents must furnish the following information concerning themselves as it was at the time of birth of the above child. This information is used in preparation of the amended certificate of birth.

FOSTER OR NATURAL MOTHER	7A. NAME OF MOTHER - FIRST NAME	7B. MIDDLE NAME	7C. LAST NAME - MAIDEN	8. COLOR OR RACE OF MOTHER
	9. DATE OF BIRTH	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. RESIDENCE (AT TIME OF THIS BIRTH)	
FOSTER OR NATURAL FATHER	12A. NAME OF FATHER - FIRST NAME	12B. MIDDLE NAME	12C. LAST NAME	13. COLOR OR RACE OF FATHER
	14. DATE OF BIRTH	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16. MAILING ADDRESS OF ADOPTING PARENTS	
ATTORNEY AGENCY	17. NAME OF ATTORNEY / ADDRESS		18. NAME OF AGENCY OR DEPARTMENT WHICH INVESTIGATED OR HANDLED CASE	

PART III: The Clerk of District Court should require that as much of the information as is available in Parts I and II, above, be furnished before he completes Part III and forwards the certificate to the State Registrar of Records and Statistics.

CLERK OF DISTRICT COURT	19. I HEREBY CERTIFY THAT THE CHILD DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED FOSTER PARENT(S) ON THE _____ DAY OF _____ 19 _____ AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NO.	THE NAME AS SET FORTH IN THE DECREE OF ADOPTION
	20. SIGNATURE AND SEAL OF CLERK OF DISTRICT COURT / DATE SIGNED	CLERK IN AND FOR THE COUNTY OF

Rev. Mar. 1971

State of Montana
Department of Health & Environmental Sciences
Bureau of Records and Statistics

MAC 16-2.6(6)-S6090 DIVORCE OR ANNULMENT RECORD FORM

Adopted: December 31, 1972

Statutory Authority: 69-4433

(1) Information to be included on the prescribed form for record of divorce or annulment is shown on the following form, copy of which follows this rule and by reference is made a part of this rule.

V.S. 19-

TYPE OR PRINT WITH UNFADING INK
Margin Reserved for Binding

Montana State Department of Health	MONTANA RECORD OF ☐ DIVORCE ☐ ANNULMENT FOR STATE REGISTRAR	DIVISION OF RECORDS and STATISTICS
Case No.		State File No.
1. JUDICIAL DISTRICT	2. CITY	3. COUNTY

HUSBAND		WIFE	
4. NAME (First) (Middle) (Last)		12. NAME (First) (Middle) (Last)	
5. USUAL RESIDENCE (City) (County) (State)		13. USUAL RESIDENCE (City) (County) (State)	
6. AGE	7. PLACE OF BIRTH (State or foreign country)	14. AGE	15. PLACE OF BIRTH (State or foreign country)
8. NUMBER OF THIS MARRIAGE	9. COLOR OR RACE	16. NUMBER OF THIS MARRIAGE	17. COLOR OR RACE
10. USUAL OCCUPATION	11 BUSINESS OR INDUSTRY	18. USUAL OCCUPATION	19. BUSINESS OR INDUSTRY

20. PLACE OF THIS MARRIAGE (County) (State or foreign country)				21. DATE OF MARRIAGE (Month) (Day) (Year)	
22. NUMBER OF CHILDREN UNDER 18	23. PLAINTIFF Husband ☐ Wife ☐ Other		24. DECREE GRANTED TO Husband ☐ Wife ☐ Other		25. LEGAL GROUNDS
I hereby certify that the above persons were divorced on: (Month) (Day) (Year)			DATE OF RECORDING (Month) (Day) (Year)		
SIGNATURE OF COURT OFFICIAL			TITLE OF COURT OFFICIAL		

MAC 16-2.6(6)- MARRIAGE RECORD FORM
S6100

Adopted: December 31, 1972

Statutory Authority: 69-4432

(1) Information to be included on the prescribed from for record of marriage is shown on the following form, copy of which follows this rule and by reference is made a part of this rule.

V.S. 18

TYPE OR PRINT IN PERMANENT INK

State Department of Health and Environmental Sciences

MONTANA
MARRIAGE RECORD FOR STATE REGISTRAR

BUREAU OF RECORDS AND STATISTICS

1. MARRIAGE LICENSE NO	2. LICENSE ISSUED: COUNTY	3 DATE LICENSE ISSUED MONTH DAY YEAR	4 STATE FILE NO.

GROOM

GROOM—NAME FIRST MIDDLE LAST — 5.

RESIDENCE: STATE 6a.	COUNTY 6b.	CITY, TOWN, OR LOCATION 6c.	INSIDE CITY LIMITS SPECIFY YES OR NO 6d.
STREET AND NUMBER 6e.		STATE IF NOT IN U.S.A. NAME COUNTRY OF BIRTH 7.	DATE OF BIRTH MONTH DAY YEAR 8.
FATHER—NAME FIRST MIDDLE LAST 9a.	STATE OF BIRTH IF NOT IN U.S.A., NAME OF COUNTRY 9b	MOTHER—MAIDEN NAME 10a.	STATE OF BIRTH IF NOT IN U.S.A., NAME OF COUNTRY 10b

BRIDE

BRIDE—NAME FIRST MIDDLE LAST — 11a.

MAIDEN NAME—IF DIFFERENT 11b

RESIDENCE: STATE 12a.	COUNTY 12b	CITY, TOWN, OR LOCATION 12c	INSIDE CITY LIMITS SPECIFY YES OR NO 12d
STREET AND NUMBER 12e		STATE IF NOT IN U.S.A., NAME COUNTRY OF BIRTH 13	DATE OF BIRTH MONTH DAY YEAR 14
FATHER—NAME FIRST MIDDLE LAST 15a.	STATE OF BIRTH IF NOT IN U.S.A., NAME OF COUNTRY 15b.	MOTHER—MAIDEN NAME 16a	STATE OF BIRTH IF NOT IN U.S.A., NAME OF COUNTRY 16b

OFFICIANT

DATE OF MARRIAGE MONTH DAY YEAR 17a.	PLACE OF MARRIAGE COUNTY 17b.
OFFICIANT 17c.	RELIGIOUS OR CIVIL OFFICIAL Specify 17d.
LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT SIGNATURE AND TITLE 18a.	DATE RECEIVED BY LOCAL OFFICIAL MO DAY YEAR 18b

CONFIDENTIAL INFORMATION

GROOM

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. Specify 19.	NUMBER OF THIS MARRIAGE (FIRST, SECOND, THIRD, ETC.) Specify 20a
	LAST MARRIAGE ENDED BY Specify Month Year 20b DEATH DIVORCE OR ANNULMENT

BRIDE

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. Specify 21.	NUMBER OF THIS MARRIAGE (FIRST, SECOND, THIRD, ETC.) Specify 22a
	LAST MARRIAGE ENDED BY Specify Month Year 22b DEATH DIVORCE OR ANNULMENT

MAC 16-2.6(6)-S6110 CHILDREN BORN OUT OF WEDLOCK, CERTIFICATE FOR

Adopted: December 31, 1972

Statutory Authority: 69-4402

(1) If the mother be married at the time of birth, the name of her then husband shall be entered on the certificate of birth as the father. If the mother be not married at the time of birth, but had been married within ten months of the birth, the name of her latest husband at a time within ten months prior to the birth shall be entered on the certificate as the father. If the mother be not married at the time of birth, and has not been married within ten months of the birth, the name of the father shall not be entered on the certificate of birth unless accompanied by the written consent of both the mother and the father.

MAC 16-2.6(6)-S6120 COMMUNAL COLONIES

Adopted: December 31, 1972; AMD December 5, 1974

Statutory Authority: 69-4402

(1) The requirements of the Vital Statistics Act shall be literally enforced; and it shall be the duty of the department or its duly authorized agents to inspect the records of all communal colonies as often as in the judgment of the department it may be necessary so to do; and such communal colonies shall furnish the information or reports as the department may from time to time require.

MAC 16-2.6(6)-S6130 DISINTERMENT PERMITS

Adopted: July 13, 1973

Statutory Authority: 69-4428.1

(1) A disinterment permit is required before a body, after burial, is to be disinterred for reinterment or transport.

(a) The permit is to be obtained from the local registrar of the jurisdiction where the body is interred.

(b) The permit is to be issued only to duly licensed morticians of this state.

(c) As a right to the permit the applicant must make a showing of reasonable cause for disinterment.

(d) For each permit issued, the local registrar shall collect a fee of five dollars ($5), two dollars ($2) of which is to be remitted to the Department of Health and Environmental Sciences.

(2) Format of permit -- procedure for use of form and audit.

(a) The format for the permit is shown on "Disinterment Permit" form, copy of which follows this rule and by reference is made a part of this rule.

(b) The permit consists of five parts. The procedure for use is: the original copy is to accompany the body for use by the receiving cemetery or crematory, a copy is to be retained by the cemetery where disinterment occurs, by the mortician to whom the permit is issued, by the local registrar, and a copy is to be sent to the Department of Health and Environmental Sciences together with the department portion of the fee.

(c) To facilitate and assure proper accounting, prenumbered permit forms are to be furnished local registrars by the department. Additional supply of forms will be furnished only when all department copies of previously furnished permit forms, together with the department fee portion, have been returned to the department.

MAC 16-2.6(6)-S6130

VS 23

NOTE: THIS PERMIT IS VALID FOR ONE YEAR FOLLOWING ISSUANCE.

STATE OF MONTANA

STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

DISINTERMENT PERMIT

FILE NUMBER

Nº 224

DECEASED

1 NAME (FIRST) (MIDDLE) (LAST) | 2 DATE OF DEATH (MO., DAY, YEAR) | 3 AGE AT DEATH

4 PLACE OF DEATH (STATE) (COUNTY), (CITY, TOWN OR LOCATION) | 5 SEX

CAUSE

6 CAUSE OF DEATH | 7 WAS BODY EMBALMED?

8 MEANS OF TRANSPORTATION (COMMON CARRIER, PRIVATE CONVEYANCE, ETC.)

INTERMENT

9 PRESENT PLACE OF INTERMENT (CEMETERY, CITY OR TOWN) | 10A LOT | 10B. BLOCK | 10C GRAVE NO.

11 PROPOSED PLACE OF REINTERMENT (CEMETERY, CITY OR TOWN) | 12A LOT | 12B BLOCK | 12C. GRAVE NO.

DISINTERER

13 MORTICIAN ___ SIGNATURE | 14A MORTICIAN ___ NAME (TYPE OR PRINT) | 14B MORTICIAN NO.

15 MORTUARY ___ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) | 15A FIRM LIC. NO.

REASON

16 WHY IS DISINTERMENT REQUESTED?

REQUESTOR

17. NAME | 18. RELATIONSHIP TO DECEASED

19 ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

20 I REQUEST PERMISSION TO HAVE THE ABOVE DESCRIBED REMAINS DISINTERRED. I KNOW OF NO REASON WHY THIS BODY MAY NOT BE LAWFULLY DISINTERRED. SIGNATURE

PERMISSION

21 PERMISSION IS HEREBY GIVEN THE ABOVE NAMED MORTICIAN TO DISINTER THE ABOVE DESCRIBED REMAINS | LOCAL REGISTRAR | DATE

DISPOSITION

22 REINTERMENT -- DATE | 23 PLACE (IF DIFFERENT THAN ITEM 11) | 24A LOT | 24B BLOCK | 24C. GRAVE NO.

25 CREMATION -- DATE | 26 CREMATORY (NAME AND ADDRESS)

NOTE: PERMITS ARE NOT TRANSFERABLE FROM ONE MORTICIAN TO ANOTHER

To accompany remains and be filed by sexton where body is reinterred.

ABORTIONS, FACILITY REPORT TO DEPARTMENT

Adopted: August 15, 1974

Statutory Authority: 94-5-619

(1) Definitions.

"Abortion" means the performance of, or assistance or participation in the performance of, or submission to, an act or operation intended to terminate a pregnancy without live birth.

"Viability" means the ability of a fetus to live outside the mother's womb, albeit with artificial aid.

"Facility" means a hospital, health care facility, physician's office or other place in which an abortion is performed.

"Department" means the department of health and environmental sciences.

(2) Report of induced abortion. A facility shall, within thirty (30) days after an abortion, file with the department a report upon a form prescribed by the department and certified by the custodian of the records or the physician in charge of such facility setting forth the information required in subsections (1), (2) and (3) of section 94-5-619, R.C.M. 1947, except such information as would identify any individual involved with the abortion.

The attached form entitled "Report of Induced Abortion" is by this reference incorporated herein and made a part of this rule. The report shall exclude:

(a) All information as would identify any individual involved with the abortion,

(b) The name and address of the physician who performed the abortion,

(c) The name and address of the spouse, or the parents, custodian or legal guardian of the woman upon whom the abortion was performed,

(d) Copies of any reports or documents required to be filed under subsections (1), (2) or (3) of section 94-5-619, R.C.M. 1947, but the custodian of the records or the physician in charge of such facility shall certify that such documents were duly executed and are on file.

(3) The statistical data not identifying any individual involved in an abortion shall be made public by the department annually and the report required to be filed with the department by the facility shall be available for public inspection except insofar as it identifies any individual involved in an abortion.

MAC 16-2.6(6)-S6140

V.S. 23
(Revised 9-74)

MONTANA
(MONTANA ABORTION CONTROL ACT)
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

REPORT TO DEPARTMENT

FACILITY

1. NAME OF FACILITY
2. COUNTY
3. CITY

PATIENT

4. PATIENT IDENTIFICATION NUMBER
5. RACE
6. MARITAL STATUS
7. BIRTH DATE *(Month, Day, Year)*

PREVIOUS PREGNANCIES

8a. ARE NOW LIVING
8b. WERE BORN ALIVE - NOW DEAD
8c. WERE BORN DEAD - *(Fetal death at any time after conception)*
9. NUMBER OF PREVIOUS INDUCED ABORTIONS

10. PATIENT RESIDENCE - STATE
11. COUNTY
12. FIRST DAY OF LAST NORMAL MENSES *(Month, Day, Year)*

MEDICAL

13. DATE OF ABORTION *(Month, Day, Year)*
14. GESTATION AGE *(In Weeks)*
15. WEIGHT OF FETUS *(In Grams)*
16. LENGTH OF FETUS *(In Centimeters)*

17. ABORTION PROCEDURE

☐ (1) Suction Curettage
☐ (2) Sharp Curettage
☐ (3) Amniotic Fluid Exchance
☐ (4) Hysterotomy
☐ (5) Hysterectomy
☐ (6) Other (specify) _____

18. COMPLICATIONS (If any)

☐ (1) Uterine Tearing or Perforation
☐ (2) Incomplete Removal of Products of Conception
☐ (3) Endometritis or Other Pelvic Infections
☐ (4) Saline Instilled into Vascular Space
☐ (5) Saline Instilled Intraperitoneally
☐ (6) Other (specify) _____

19. REASON FOR ABORTION, IF GIVEN

20. VITAL SIGNS OF FETUS AFTER ABORTION, IF ANY

21. AFTER VIABILITY, PROCEDURES TO PROTECT AND PRESERVE THE LIFE AND HEALTH OF FETUS

22. MEDICAL INFORMATION UPON WHICH PREGNANCY WAS DETERMINED

23. IF INFANT WAS BORN ALIVE AND VIABLE AND DID NOT SURVIVE, THE APPARENT CAUSE OF DEATH

24. IF FETUS WAS VIABLE, BUT WAS ENDANGERED OR DESTROYED DURING THE ABORTION PROCEDURE PRIOR TO BIRTH, THE REASON THEREFOR

AGENCY REFERRED BY

25a. NAME OF AGENCY
25b. COUNTY (or STATE)
25c. CITY

COUNSELLING AGENCY REFERRED TO

26a. NAME OF AGENCY
26b. COUNTY (or STATE)
26c. CITY

REPORTER

27a. SIGNATURE
27b. TITLE
27c. DATE

CERTIFICATON

☐ FACILITY HAS ON FILE STATEMENTS OF INFORMED CONSENT, CONSENT TO ABORTION, AND ANY OTHER DOCUMENTS WHICH ARE REQUIRED BY 94-5-619
☐ PATHOLOGY REPORT FILED
NOTE: FAILURE TO CHECK EITHER OF THE ABOVE MUST BE REPORTED TO ATTORNEY GENERAL
☐ NOTICE GIVEN TO HUSBAND, PARENT OR GUARDIAN, IF REQUIRED

(SEE INSTRUCTIONS ON BACK)

MAC 16-2.6(6)-S6140

INSTRUCTIONS

Item 12. Date of the first day of the last normal menstrual period.

Item 14. Gestation age refers to the physician's judgment based on evaluation of the fetus and independent of the interval between the last normal menstrual period and abortion.

Section 94-5-619, "Reporting practice of abortion", provides in part that: "The report shall exclude copies or any documents required to be filed by subsection (3) of this section, but shall certify that such documents were duly executed and are on file." Subsection (3) requires: "The facility shall keep on file the original of each of the documents required by this act relating to informed consent, consent to abortion, certification of necessity of abortion to preserve the life or health of the mother, and certification of necessity of abortion to preserve the life of the mother."

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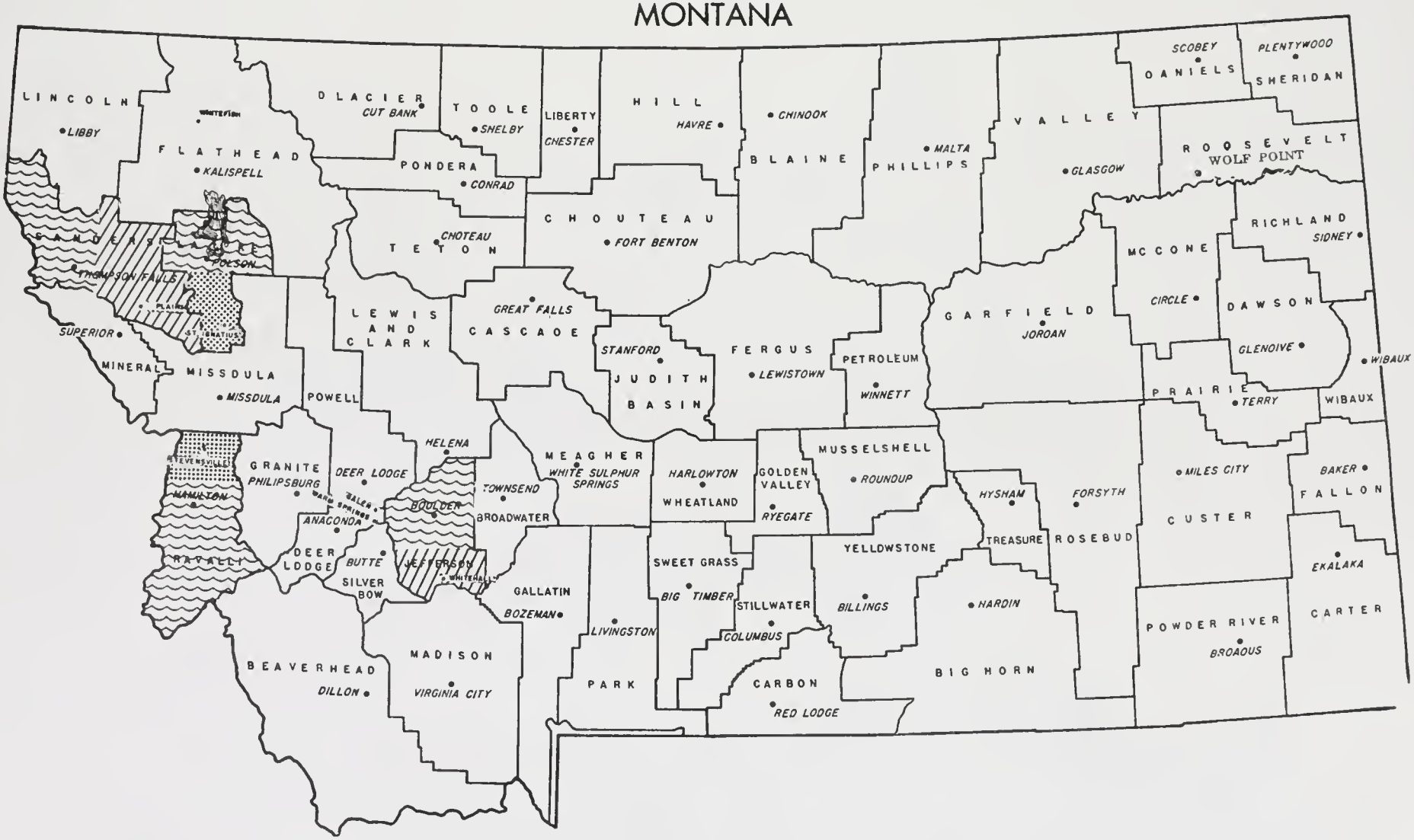
LOCAL REGISTRAR JURISDICTIONS: September 1, 1970

MONTANA



Montana
Counties & County
Seats

APPENDIX A

LOCAL REGISTRARS' DISTRICTS IN COUNTIES WITH TWO OR MORE REGISTRARS

County	Local Registrar's Location	Area of Jurisdiction
Deer Lodge	Galen	Galen State Hospital
	Warm Springs	Montana State Hospital
	Anaconda	Remainder of county
Flathead	Whitefish	City of Whitefish
	Kalispell	Remainder of county
Jefferson	Boulder	North of a line running east and west from Boulder including Boulder and the Boulder River School and Hospital
	Whitehall	Remainder of county
Lake	St. Ignatius	South of Ronan
	Polson	Ronan and remainder of county
Ravalli	Stevensville	North of Victor
	Hamilton	Victor and remainder of county
Sanders	Thompson Falls	West of the Thompson River and a line drawn directly south of the mouth of the Thompson River to the county line
	Plains	Remainder of county

APPENDIX 5

MONTANA LOCAL REGISTRARS
September 1975

County and Name	Occupation	Telephone Number
Beaverhead County Mrs. Margaret Q. Thompson Box 1166 Dillon, Montana 59725	Dep. Clerk and Recorder	683-2642
Big Horn County Miss Norma Boggess Courthouse Hardin, Montana 59034	Clerk and Recorder Staff Member	665-1506
Blaine County Mrs. Eleanor Felton Courthouse Chinook, Montana 59523	Clerk of Court	357-3230
Broadwater County Mrs. Frances Etzwiler Courthouse Townsend, Montana 59644	Clerk and Recorder	266-3443
Carbon County Miss Dorothy E. Uzelac Box 474 Red Lodge, Montana 59058	Clerk and Recorder Staff Member	446-1220
Carter County Mrs. Pearl Yates Ekalaka Montana 59324	Private Person	775-3541
Cascade County Donald E. Pizzini City-County Health Office 1130 17th Ave. South Great Falls, Montana 59401	City-County Health Department Administrator	761-6700
Chouteau County W. F. Gertson, M.D. 1510 St. Charles Fort Benton, Montana 59442	Physician	622-5211
Custer County Ernest Holkesvig Garberson Clinic Miles City, Montana 59301	Business Manager	232-0790

County and Name	Occupation	Telephone Number
Daniels County Mrs. Catherine Darchuk Courthouse Scobey, Montana 59263	Clerk of Court	487-2651
Dawson County Mrs. Marian Fulton Box 791 Glendive, Montana 59330	Employed by Glendive Medical Center	365-2395
Deer Lodge County G. E. Trobough, M.D. 115 W. Commercial Ave. Anaconda, Montana 59711	Physician	563-3481
Divila Wiederrick Galen State Hospital Deer Lodge, Montana 59722	Employed by Medical Record Department Galen State Hospital	693-2281
Mrs. Mary McCabe Warm Springs State Hospital Warm Springs, Montana 59756	Secretary	693-2221
Fallon County J. L. Hiner, M.D. Baker, Montana 59313	Physician	778-2288
Fergus County Mrs. Vivian McNees Box 1150 Lewistown, Montana 59457	Secretary County Health Office	538-5624
Flathead County John H. Austin Box 65 Whitefish, Montana 59937	Mortician	862-4040
Mrs. Fay O'Leary Box 717 Kalispell, Montana 59901	Private Person	756-5710
Gallatin County Mrs. Helen Anderson City-County Health Dept. Bozeman, Montana 59715	Secretary	587-4297

County and Name	Occupation	Telephone Number
Garfield County Mrs. Dorothea M. Hallberg Courthouse Jordan, Montana 59337	Dep. County Treasurer	435-2233
Glacier County Miss Pauline Neraal Box 835 Cut Bank, Montana 59427	Private Person	938-2624
Golden Valley County Mrs. Mary E. Fiske Courthouse Ryegate, Montana 59074	County Assessor	568-2371
Granite County Mrs. Joyce Mason Box 722 Philipsburg, Montana 59858	Private Person	859-3634
Hill County Mrs. Jane E. Parsons Box 495 Havre, Montana 59501	Private Person	265-7663
Jefferson County Mrs. Joanne McFarlane Clerk and Recorder Boulder, Montana 59632	Clerk and Recorder	225-3332
Leonard Scott Whitehall, Montana 59759	Mortician	287-3271
Judith Basin County Mrs. Delight Leslie Courthouse Stanford, Montana 59479	Clerk and Recorder	566-2301
Lake County Mrs. Ethel M. Harding Courthouse Polson, Montana 59860	Clerk and Recorder	883-4361
Joe Fearon Fearon Funeral Home St. Ignatius, Montana 59865	Mortician	745-2121
Lewis and Clark County Katherine E. Dawson, M.D. 201 South Last Chance Gulch Helena, Montana 59601	City-County Health Officer	442-6230

County and Name	Occupation	Telephone Number
Liberty County Mrs. Blanche Remington Courthouse Chester, Montana 59522	Dep. County Treasurer	334-3781
Lincoln County Mrs. Joanne Kershner Rt. 4, Box 569 Libby, Montana 59923	Employed by Medical Records Dept. St. John's Lutheran Hosp.	293-4186
McCone County Mrs. Gloria G. Larson Courthouse Circle, Montana 59215	Clerk and Recorder	485-3505
Madison County Catherine Doornbos Courthouse Virginia City, Montana 59755	Clerk and Recorder Staff Member	843-5311
Meagher County Mrs. Ruth Bears Courthouse White Sulphur Springs, MT 59645	Clerk and Recorder	547-3612
Mineral County Miss Adelaide G. Hodgins P. O. Box 807 Superior, Montana 59872	Bookkeeping Service	822-4543
Missoula County Kit G. Johnson, M.D. County Courthouse Annex Missoula, Montana 59801	City-County Health Officer	728-4510
Musselshell County Mrs. Annie E. Larsen Roundup, Montana 59072	Employed by Evans Furniture Store	323-2505
Park County Mrs. Dorothy M. Fish Park Clinic Livingston, Montana 59047	Employed by Park Clinic	222-0800
Petroleum County Mrs. Orene Barbee Courthouse Winnett, Montana 59087	Clerk and Recorder	429-4545

County and Name	Occupation	Telephone Number
Phillips County Mrs. Doris Rummel Courthouse Malta, Montana 59538	Clerk of Court	654-1023
Pondera County Robert S. Hamilton, M.D. Conrad Montana 59425	Physician	278-3232
Powder River County Mrs. Sandra J. Orestad Courthouse Broadus, Montana 59317	Clerk of Court	436-2320
Powell County Mrs. Bonnie Miller Courthouse Deer Lodge, Montana 59722	Clerk and Recorder	846-2772
Prairie County Mrs. Viola Cashatt Courthouse Terry, Montana 59349	Dep. Clerk and Recorder	637-5431
Ravalli County Mrs. Josephine Tefft 307 State Hamilton, Montana 59840	Private Person	363-1422
Harold Whitesitt Stevensville Montana 59870	Mortician	777-5711
Richland County Mrs. Mildred Wilder 617 3rd St. NE Sidney, Montana 59270	Private Person	482-1132
Roosevelt County Mrs. Eleanor Schmeltzer Courthouse Wolf Point, Montana 59201	Clerk and Recorder	653-2753
Rosebud County Mrs. Doris Cartwright Dept. of Public Health Forsyth, Montana 59327	Public Health Nurse	356-2156

County and Name	Occupation	Telephone Number
Sanders County Mrs. Floy O. Johnston Box 474 Thompson Falls, Montana 59873	Private Person	827-3334
Vance Shrider Shrider Funeral Home Plains, Montana 59859	Mortician	826-3421
Sheridan County Mrs. Myrtle O.Waller Courthouse Plentywood, Montana 59254	Dep. Clerk and Recorder	765-1741
Silver Bow County Mrs. Rose Mihelich Deputy Local Registrar Courthouse Butte, Montana 59701	Dep. Clerk and Recorder	792-3584
Stillwater County Mrs. Elsie Houghton 528 4th Ave. North Columbus, Montana 59019	Clerk and Recorder Staff Member	322-5328
Sweet Grass County Dean Lowry Lowry Funeral Home Big Timber, Montana 59011	Mortician	932-2153
Teton County Elmer Erickson Courthouse Choteau, Montana 59422	Clerk of Court	466-2909
Toole County Miss Vivian S. Hall Box 547 Shelby, Montana 59474	Clerk of Court	434-2271
Treasure County Mrs. Dorotha Jones Courthouse Hysham, Montana 59038	Clerk of Court	342-5546
Valley County Mrs. Mary L. Eide P. O. Box 311 Glasgow, Montana 59230	Clerk and Recorder	228-4613

County and Name	Occupation	Telephone Number
Wheatland County R. G. Johnson, M.D. 101 N. Central Ave. Harlowton, Montana 59036	Physician	632-4343
Wibaux County Mrs. Bernice Sommerfeld Deputy Local Registrar Wibaux, Montana 59353	Private Person	795-2546
Yellowstone County Miss Janice Konzen Room 205, County Courthouse Billings, Montana 59101	Secretary City-County Health Office	252-5181

APPENDIX 6

BRIEF HISTORY OF VITAL STATISTICS IN MONTANA

The Tenth Legislative Assembly of the State of Montana meeting in 1907 established a State Bureau of Vital Statistics and placed it under the supervision of the Secretary of the State Board of Health. The legislation provided for "the registration of births and deaths and other statistical matter relative to sanitary affairs . . ." It also provided for subregistrars and for payment of a fee of 25¢ for each birth and death certificate filed. Section 20 of the Act provided that the Act would become effective after its passage and approval by the Governor, which approval was given February 20, 1907.

After passage of the Act, it required several months for Doctor Thomas Tuttle, then Secretary of the State Board of Health and first State Registrar, to appoint Local Registrars and set up the vital registration system. The first records filed in the several Montana counties existing at that time were filed in May, June, and July of 1907. Following is a list of counties in existence in 1907 and the date the first birth record was filed from each:

COUNTY	DATE RECORD WAS FILED
Beaverhead	6/05/07
Blaine	6/13/07
Broadwater	7/05/07
Carbon	6/03/07
Cascade	6/19/07
Chouteau	6/15/07

COUNTY	DATE RECORD WAS FILED
Custer	8/27/07
Dawson	6/13/07
Deer Lodge	6/01/07
Fergus	7/02/07
Flathead	6/15/07
Gallatin	6/18/07
Granite	6/25/07
Jefferson	6/01/07
Lewis & Clark	6/06/07
Madison	6/05/07
Meagher	7/23/07
Missoula	6/02/07
Park	5/27/07
Powell	6/08/07
Ravalli	6/01/07
Rosebud	6/11/07
Sanders	6/--/07
Silver Bow	6/01/07
Sweet Grass	5/25/07
Teton	7/10/07
Valley	6/13/07
Yellowstone	6/07/07

First reporting of marriages, divorces and annulments to a central state file began in 1943.

Where to write for

BIRTH AND DEATH RECORDS

United States and Outlying Areas

Where To Write for Marriage Records (DHEW Pub. No. HSM 72-1144, revised 1972) and *Where To Write for Divorce Records* (DHEW Pub. No. HSM 72-1145, revised 1972) may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Suggestions are invited toward improvement of the text and format of future editions. Please address the Division of Vital Statistics, National Center for Health Statistics, Rockville, Maryland 20852.

DHEW PUBLICATION NO. HSM 72-1142
Revised 1972

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 15 cents
Stock Number 1722-0218

Where to write for

BIRTH AND DEATH RECORDS

United States and Outlying Areas

For every birth and death, an official certificate should be on file in the place where the event occurs. These certificates are prepared by physicians, funeral directors, other professional attendants, or hospital authorities. The Federal Government does not maintain files or indexes of these records. They are permanently filed in the central vital statistics office of the State, independent city, or outlying area where the event occurred.

To obtain a certified copy of a certificate, write or go to the vital statistics office in the State or area where the birth or death occurred. The offices are listed below.

In writing for a certified copy, it is suggested that a money order or certified check be enclosed since the office cannot refund cash lost in transit. Fees listed are subject to change.

The letter should give the following facts (type or print all names and addresses):

1. Full name of the person whose record is being requested.
2. Sex and race.
3. Parents' names, including maiden name of mother.
4. Month, day, and year of the birth or death.
5. Place of birth or death (city or town, county, and State; and name of hospital, if any).
6. Purpose for which copy is needed.
7. Relationship to person whose record is being requested.

Place of birth or death	*Cost of full copy*	*Cost of short form or birth card*	*Address of vital statistics office*	*Remarks*
Alabama----------	$2.00	Not issued	Bureau of Vital Statistics State Department of Public Health Montgomery, Alabama 36104	Additional copies at same time are $1.00 each. State office has records since January 1, 1908. Fee for special searches is $3.00 per hour.
Alaska----------	$2.00	$2.00	Bureau of Vital Statistics Department of Health and Welfare Pouch "H" Juneau, Alaska 99801	State office has records since 1913.
American Samoa-------	$1.00	Not issued	Office of the Territorial Registrar Government of American Somoa Pago Pago American Samoa 96920	Registrar has records on file since before 1900.
Arizona----------	$2.00	$2.00	Division of Vital Records State Department of Health P. O. Box 3887 Phoenix, Arizona 85030	State office has records since July 1, 1909, and abstracts of records filed in the counties before that date.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	Cost of full copy	Cost of short form or birth card	Address of vital statistics office	Remarks
Arkansas	$2.00	Not issued	Bureau of Vital Statistics State Department of Health Little Rock, Arkansas 72201	State office has records since February 1, 1914, as well as some original Little Rock and Fort Smith records from 1881.
California	$2.00	$2.00	Bureau of Vital Statistics Registration State Department of Health 744 P Street Sacramento, California 95814	State office has records since July 1, 1905. For records before that date, write to County Recorder in county of event.
Canal Zone	Not issued	$1.00	Vital Statistics Clerk Health Bureau Balboa Heights, Canal Zone	Central office has records since May 1904.
Colorado	$2.00	$2.00	Records and Statistics Section Colorado Department of Health 4210 East 11th Avenue Denver, Colorado 80220	State office has death records since 1900 and birth records since 1910. State office also has birth records for some counties for years prior to 1910. $2.00 fee is for search of files and one copy of record if found.
Connecticut	$2.00	$1.00	Public Health Statistics Section State Department of Health 79 Elm Street Hartford, Connecticut 06115	State office has records since July 1, 1897. For records before that date write to Registrar of Vital Statistics in town or city where birth or death occurred.
Delaware	$2.50	$2.50	Bureau of Vital Statistics Division of Physical Health Department of Health and Social Services Jesse S. Cooper Memorial Building Dover, Delaware 19901	State office has records for 1861 to 1863 and since 1881 but no records for 1864 through 1880.
District of Columbia	$1.00	$1.00	D.C. Department of Public Health Vital Records Division Room 1022 300 Indiana Avenue, NW. Washington, D.C. 20001	Death records on file beginning with 1855 and birth records beginning with 1871, but no death records were filed during the Civil War.
Florida	$2.00	$2.00	Department of Health and Rehabilitative Services Division of Health Bureau of Vital Statistics P.O. Box 210 Jacksonville, Florida 32201	State office has some birth records since April 1865 and some death records since August 1877. The majority of records date from January 1917. (If the exact date is unknown and more that 1 year has to be searched, the fee is $2.00 for the first year searched and $1.00 for each additional year searched up to a maximum of $25.00. Fee includes a copy of the record if found.)
Georgia	$3.00	$3.00	Vital Records Service State Department of Public Health 47 Trinity Avenue, SW. Atlanta, Georgia 30334	The State office has records since January 1, 1919. For records before that date in Atlanta or Savannah, write to the County Health Department in place where birth or death occurred. Additional copies of same record ordered at same time are $1.00 each.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	Cost of full copy	Cost of short form or birth card	Address of vital statistics office	Remarks
Guam	$1.00	$1.00	Office of Vital Statistics Department of Public Health and Social Services Government of Guam P.O. Box 2816 Agana, Guam, M.I. 96910	Office has records on file since October 26, 1901.
Hawaii	$2.00	$2.00	Research and Statistics Office State Department of Health P.O. Box 3378 Honolulu, Hawaii 96801	State office has records since 1853.
Idaho	$2.00	$2.00	Bureau of Vital Statistics State Department of Health State House Boise, Idaho 83707	State office has records since 1911. For records from 1907 to 1911, write to County Recorder in county where birth or death occurred.
Illinois	$2.00	$2.00	Office of Vital Records State Department of Public Health 535 W. Jefferson Street Springfield, Illinois 62706	State office has records filed since January 1, 1916. For records filed before that date and for copies of State records since January 1, 1916, write to the County Clerk in county where birth or death occurred. ($2.00 fee is for search of files and one copy of the record if found. Additional copies of the same record ordered at the same time are $1.00 each.)
Indiana	$3.00	Not issued	Division of Vital Records State Board of Health 1330 West Michigan Street Indianapolis, Indiana 46206	State office has birth records since October 1, 1907, and death records since 1900. For records before that date, write to Health Officer in city or county where birth or death occurred. Additional copies of same record ordered at same time are $1.00 each.
Iowa	$2.00	$2.00	Division of Records and Statistics State Department of Health Des Moines, Iowa 50319	State office has records since July 1, 1880.
Kansas	$2.00	$2.00	Division of Registration and Health Statistics 535 Kansas Avenue Topeka, Kansas 66603	State office has records since July 1, 1911. For records before that date, write to County clerk in county where birth or death occurred.
Kentucky	$2.00	$2.00	Office of Vital Statistics State Department of Health 275 East Main Street Frankfort, Kentucky 40601	State office has records since January 1, 1911, and for Louisville and Lexington before that date. If birth or death occurred in Covington before 1911, write to City Health Department.
Louisiana (except New Orleans)	$2.00	$2.00	Division of Public Health Statistics State Department of Health P.O. Box 60630 New Orleans, Louisiana 70160	State office has records since July 1, 1914.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registration." Keep this in mind when seeking a copy of a record.

Place of birth or death	Cost of full copy	Cost of short form or birth card	Address of vital statistics office	Remarks
New Orleans	$2.00	$2.00	Bureau of Vital Statistics City Health Department 1W03 City Hall, Civic Center New Orleans, Louisiana 70112	City Health Department has birth records since 1790 and death records since 1803.
Maine	$1.00	$1.00	Office of Vital Records State Department of Health and Welfare State House Augusta, Maine 04330	State office has records since 1892. For records before that year, write to Town Clerk where birth or death occurred.
Maryland (except Baltimore)	$2.00	$2.00	Division of Vital Records State Department of Health State Office Building 301 West Preston Street Baltimore, Maryland 21201	State office has records since 1898. (Beginning January 1973, will also have records for the City of Baltimore.)
Baltimore	$2.00	$2.00	Bureau of Vital Records City Health Department Municipal Office Building Baltimore, Maryland 21202	City Health Department has records since January 1, 1875. (Records of events occurring after January 1, 1973, will be kept by the State of Maryland.)
Massachusetts (except Boston)	$1.00	Free	Registrar of Vital Statistics 272 State House Boston, Massachusetts 02133	State office has records since 1841. For records prior to that year, write to the City or Town Clerk in place where birth or death occurred. Earliest Boston records available in this office are for 1848.
Boston	$1.00	$0.50	City Registrar Registry Division Health Department Room 705, City Hall Annex Boston, Massachusetts 02133	City Registrar has records since 1639.
Michigan	$2.00	$2.00	Vital Records Section Michigan Department of Public Health 3500 North Logan Street Lansing, Michigan 48914	State office has records since 1867. Copies of records since 1867 may also be obtained from County Clerk. Detroit records may be obtained from the City Health Department for births occurring since 1893 and for deaths since 1897.
Minnesota	$2.00	$2.00	Minnesota Department of Health Section of Vital Statistics 717 Delaware Street, SE. Minneapolis, Minnesota 55440	State office has records since January 1908. Copies of records prior to 1908 may be obtained from Clerk of District Court in county where birth or death occurred or from the Minneapolis or St. Paul City Health Department if the event occurred in either city.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	Cost of full copy	Cost of short form or birth card	Address of vital statistics office	Remarks
Mississippi	$2.00	Not issued	Vital Records Registration Unit State Board of Health P.O. Box 1700 Jackson, Mississippi 39205	
Missouri	$1.00	$1.00	Bureau of Vital Records Division of Health State Department of Public Health and Welfare Jefferson City, Missouri 65101	State office has records beginning with January 1910. If birth or death occurred in St. Louis (city), St. Louis County, or Kansas City before 1910, write to the City or County Health Department; copies of these records are $2.00 each.
Montana	$2.00	$2.00	Bureau of Records and Statistics State Department of Health and Environmental Sciences Helena, Montana 59601	State office has records since late 1907.
Nebraska	$2.00	$2.00	Bureau of Vital Statistics State Department of Health Lincoln Building 1003 "O" Street Lincoln, Nebraska 68508	State office has records since late 1904. If birth occurred before that date, write the State office for information.
Nevada	$2.00	$1.00	Department of Health, Welfare and Rehabilitation Division of Health Section of Vital Statistics Carson City, Nevada 89701	State office has records since July 1, 1911. For earlier records, write to County Recorder in county where birth or death occurred.
New Hampshire	$1.00	$1.00	Department of Health and Welfare Division of Public Health Bureau of Vital Statistics 61 South Spring Street Concord, New Hampshire 03301	Copies of records may be obtained from State office or from City or Town Clerk where birth or death occurred. ($1.00 fee is for search of files and copy of the record if found.)
New Jersey	$2.00	$2.00	State Department of Health Bureau of Vital Statistics Box 1540 Trenton, New Jersey 08625	State office has records since June 1878. ($2.00 fee is for search of files and one copy of the record if found. Additional copies of same record ordered at same time are $1.00 each. When the exact date is unknown the fee is an additional $0.50 per year searched.)
			Archives and History Bureau State Library Division State Department of Education Trenton, New Jersey 08625	For records from May 1848 through May 1878, write State Department of Education.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	*Cost of full copy*	*Cost of short form or birth card*	*Address of vital statistics office*	*Remarks*
New Mexico----------	$1.00	Not issued	Vital Records New Mexico Health and Social Services Department PERA Building Room 118 Santa Fe, New Mexico 87501	All records in State office ($1.00 fee is for search of files and one copy of the record if found).
New York (except New York City)---	$2.00	$2.00	Bureau of Vital Records State Department of Health Albany, New York 12208	State office has records since 1880. For records prior to 1914 in Albany, Buffalo, and Yonkers or before 1880 in any other city, write to Registrar of Vital Statistics in the city where birth or death occurred. For the rest of the State, except New York City, write to State office.
New York City				
Bronx Borough--------	$2.50	$2.50	Bureau of Records and Statistics Department of Health of New York City 1826 Arthur Avenue Bronx, New York 10457	Records on file since 1898. Records from 1866 to 1897 on file in Manhattan Borough. Additional copies of same record ordered at same time are $1.25 each.
Brooklyn Borough-----	$2.50	Not issued	County Clerk, Kings County Historical Division 360 Adams Street Brooklyn, New York 11201	Records for deaths on file from 1847 to 1865. Additional copies of same record ordered at same time are $1.25 each.
	$2.50	$2.50	Bureau of Records and Statistics Department of Health of New York City 295 Flatbush Avenue Ext. Brooklyn, New York 11201	Records on file since 1866. Additional copies of same record ordered at same time are $1.25 each.
Manhattan Borough--	$2.50	$2.50	Bureau of Records and Statistics Department of Health of New York City 125 Worth Street New York, New York 10013	Records on file since 1866. Additional copies of same record ordered at same time are $1.25 each. For Old City of New York (Manhattan and part of the Bronx) death records from 1847 to 1865, write to Municipal Archives and Records Retention Center of the New York Public Library, 238 William Street, New York, New York 10038.
Queens Borough--------	$2.50	$2.50	Bureau of Records and Statistics Department of Health of New York City 90-37 Parsons Boulevard Jamaica, New York 11432	Records on file since 1898. Records prior to that year are on file with the State Department of Health. Additional copies of same record ordered at same time are $1.25 each.
Richmond Borough---	$2.50	$2.50	Bureau of Records and Statistics Department of Health of New York City 51 Stuyvesant Place St. George, Staten Island New York 10301	Records on file since 1898. Records prior to that year are on file with the State Department of Health. Additional copies of same record ordered at same time are $1.25 each.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	*Cost of full copy*	*Cost of short form or birth card*	*Address of vital statistics office*	*Remarks*
North Carolina	$2.00	$2.00	Vital Records Section State Board of Health P.O. Box 2091 Raleigh, North Carolina 27602	State office has records since October 1, 1913, and some delayed records prior to that date.
North Dakota	$2.00	$2.00	Division of Vital Statistics State Department of Health Bismarck, North Dakota 58501	State office has some records from July 1, 1893; years from 1894 to 1920 are incomplete.
Ohio	$1.00	$1.00	Division of Vital Statistics State Department of Health G-20 State Departments Building Columbus, Ohio 43215	State office has records since December 20, 1908. For records before that date write to Probate Court in county where birth or death occurred.
Oklahoma	$2.00	$2.00	Vital Records Section State Department of Health 3400 North Eastern Oklahoma City, Oklahoma 73105	State office has records since October 1908.
Oregon	$3.00	$3.00	Vital Statistics Section Oregon State Health Division P.O. Box 231 Portland, Oregon 97207	State office has records since July 1903. State office has some earlier records for the City of Portland dating from approximately 1880. Additional copies of the same record ordered at the same time are $2.00 each.
Pennsylvania	$2.00	$1.00	Division of Vital Statistics State Department of Health Health and Welfare Building P.O. Box 90 Harrisburg, Pennsylvania 17120	State office has records since January 1, 1906. For records before that date, write to Register of Wills, Orphans Court, county seat where birth or death occurred. Persons born in Pittsburgh from 1870 to 1905 or in Allegheny City, now part of Pittsburgh, from 1882 to 1905 should write to the Office of Biostatistics, Pittsburgh Health Department, City-County Building, Pittsburgh, Pennsylvania 15219. For births and deaths occurring in the City of Philadelphia from 1860 to 1915, apply to Vital Statistics, Philadelphia Department of Public Health, City Hall Annex, Philadelphia, Pennsylvania 19107.
Puerto Rico	$0.50	$0.50	Division of Demographic Registry and Vital Statistics Department of Health San Juan, Puerto Rico 00908	Central office has records since July 22, 1931. Copies of records prior to that date may be obtained by writing to local Registrar *(Registrador Demografico)* in municipality where birth or death occurred or to central office.
Rhode Island	$1.00	$1.00	Division of Vital Statistics State Department of Health Room 101 Health Building Davis Street Providence, Rhode Island 02908	State office has records since 1853. For records before that year, write to Town Clerk in town where birth or death occurred.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	Cost of full copy	Cost of short form or birth card	Address of vital statistics office	Remarks
South Carolina	$2.00	$2.00	Bureau of Vital Statistics State Board of Health Sims Building Columbia, South Carolina 29201	State office has records since January 1, 1915. City of Charleston births from 1877 and deaths from 1821 on file at Charleston County Health Department. Ledger entries of Florence City births and deaths from 1895 to 1914 on file at Florence County Health Department. Ledger entries of Newberry City births and deaths from late 1800's on file at Newberry County Health Department. Early records are obtainable only from County Health Departments listed.
South Dakota	$2.00	$2.00	Division of Public Health Statistics State Department of Health Pierre, South Dakota 57501	State office has records since July 1, 1905, and access to other records for some births and deaths which occurred before that date.
Tennessee	$2.00	$2.00	Division of Vital Statistics State Department of Public Health Cordell Hull Building Nashville, Tennessee 37219	State office has birth records for entire State from January 1, 1914, to date and records from June 1881 for Nashville, July 1881 for Knoxville, and January 1882 for Chattanooga. State office has death records for entire State from January 1, 1914, to date and records from July 1874 for Nashville, March 6, 1872, for Chattanooga, and July 1, 1887, for Knoxville. Birth and death enumeration records by school districts from July 1, 1908, through June 30, 1912. Memphis birth records are from April 1, 1874, through December 1887; records continue November 1, 1898, to January 1, 1914. Death records date from May 1, 1848, to January 1, 1914. Apply to Memphis-Shelby County Health Department, Division of Vital Statistics, Memphis, Tennessee.
Texas	$2.00	$2.00	Bureau of Vital Statistics State Department of Health 410 East 5th Street Austin, Texas 78701	State office has records since 1903.
Trust Territory of the Pacific Islands	$0.25 plus $0.10 per 100 words	$0.25 plus $0.10 per 100 words	Clerk of Court of district where event occurred. (If not sure of the district in which event occurred, write to the Director of Medical Services, Department of Medical Services, Saipan, Mariana Islands 96950, to have the inquiry referred to the correct district.)	Courts have records since November 21, 1952. Beginning 1950 a few records for various islands are temporarily filed with the Hawaii Bureau of Vital Statistics.
Utah	$2.00	$2.00	Division of Vital Statistics Utah State Department of Health 44 Medical Drive Salt Lake City, Utah 84113	State office has records since 1905. If birth or death occurred from 1890 through 1904 in Salt Lake City or Ogden, write to City Board of Health. For records elsewhere in the State from 1898 through 1904, write to County Clerk in county where birth or death occurred.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

Place of birth or death	Cost of full copy	Cost of short form or birth card	Address of vital statistics office	Remarks
Vermont	$2.00	$1.00	Town or City Clerk of town where birth or death occurred.	
	$1.50	$1.50	Secretary of State Vital Records Department State House Montpelier, Vermont 05602	
			Public Health Statistics Division Department of Health Burlington, Vermont 05401	For information on vital statistics laws, how to correct a record, etc., write to Department of Health.
Virginia	$2.00	$2.00	Bureau of Vital Records and Health Statistics State Department of Health James Madison Building Box 1000 Richmond, Virginia 23208	State office has records from January 1858 through December 1896 and since June 4, 1912. For records between those dates, write to the Health Department in the city where birth or death occurred.
Virgin Islands (U.S.)				
St. Thomas	$1.00	$1.00	Registrar of Vital Statistics Charlotte Amalie St. Thomas, Virgin Islands 00802	Registrar has birth records on file since July 1, 1906, and death records since January 1, 1906.
St. Croix	$1.00	$1.00	Registrar of Vital Statistics Charles Harwood Memorial Hospital St. Croix, Virgin Islands	Registrar has birth and death records on file since 1840.
Washington	$3.00	$3.00	Bureau of Vital Statistics Department of Health and Social Services P.O. Box 709 Olympia, Washington 98504	State office has records since July 1, 1907. In Seattle, Spokane, and Tacoma a copy may also be obtained from the City Health Department. For records before July 1, 1907, write to Auditor in county where birth or death occurred.
West Virginia	$1.00	Not issued	Division of Vital Statistics State Department of Health State Office Building No. 3 Charleston, West Virginia 25305	State office has records since January 1917. For records prior to that year, write to Clerk of County Court in the county where birth or death occurred.
Wisconsin	$2.00	$2.00	Bureau of Health Statistics Wisconsin Division of Health P.O. Box 309 Madison, Wisconsin 53701	State office has some records since 1814; early years are incomplete.
Wyoming	$2.00	$2.00	Vital Records Services Division of Health and Medical Services State Office Building Cheyenne, Wyoming 82001	State office has records since July 1909.

NOTE: Births occurring before birth registration was required or births not registered when they occurred may have been filed as "delayed birth registrations." Keep this in mind when seeking a copy of a record.

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